ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES

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Dedicated

to

my teachers

Family

&

Friends

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TABLE OF CONTENTS

S. NO.	TOPIC	PAGES
I	INTRODUCTION	1-5
II	AIMS AND OBJECTIVES	6
III	REVIEW OF LITERATURE	7-35
IV	MATERIALS AND METHODS	36-37
V	OBSERVATIONS AND RESULTS	38-71
VI	DISCUSSION	72-77
VII	SUMMARY AND CONCLUSIONS	78-80
VIII	BIBLIOGRAPHY	81-95
	APPENDICES – I - PROFORMA - MASTER CHART	
	APPENDICES – II - APPROVAL LETTER OF THESIS PLAN - THESIS PLAN	

ABBREVIATIONS

ACD	Allergic contact dermatitis
BCC	Basal cell carcinoma
C.albicans	*Candida albicans*
C.glabrata	*Candida glabrata*
C.tropicalis	*Candida tropicalis*
HIV	Human immunodeficiency virus
HSV	Herpes simplex virus
ICD	Irritant contact dermatitis
LCs	Langerhans cells
LM	Lentigo maligna
M.Canis	*Microsporum canis*
MC	Molluscum contagiosum
MF	Mycosis fungoides
OPD	Outpatient department
PIH	Postinflammatory hyperpigmentation
S.aureus	*Staphylococcus aureus*
SCC	Squamous cell carcinoma
SL/SLs	Solar lentigines
SLE	Systemic lupus erythematosus
T.mentagrophytes	*Trichophyton mentagrophytes*
T.rubrum	*Trichophyton rubrum*
T.tonsurans	*Trichophyton tonsurans*
T.violaceum	*Trichophyton violaceum*
TCR	T-cell receptor
Th1	T-helper cell 1
Th17	T-helper cell 17
Th 2	T-helper cell 2
UV	Ultraviolet
VZV	Varicella zoster virus

ABSTRACT

Introduction: Disease of the aged are becoming increasingly important, as there has been gradual increase in the life expectancy in last few decades. Our study will give an insight into different types of dermatological problems of the aged and its pattern.

Aim of study: To study the pattern of geriatric dermatoses for one year.

Materials and Methods: This is an observational study which was conducted on 407 geriatric patients for a period of 1 year at Dayanand Medical College and Hospital, Ludhiana. The study included both admitted patients and patients attending dermatology OPD.

Results: A total 407 geriatric patients were included in this study. There was slight male preponderance (58.7%) with M:F ratio of 1.4:1. The mean age was 68.78 years. Maximum number of patients belonged to 61-65 years of age group. Most common dermatological manifestations were fungal infections (27.3%) followed by eczematous disorders (18.3%) and papulosquamous disorders (12.3%). Fungal infections and eczematous disorders were more common in males. Diabetes mellitus (3.2%) was most common disease associated with generalised pruritus followed by xerosis (2.5%). Hypertension (37.8%) was the most common systemic disorder associated with geriatric dermatoses followed by diabetes mellitus (25.8%).

Conclusions: There are many dermatoses which are common in geriatric population due to related intrinsic and extrinsic factors which are further aggravated by systemic diseases. By knowing the pattern of geriatric dermatosis, we will be able to detect and treat these cases as early as possible and also will be able to prevent the complications related to the geriatric dermatosis.

Keywords: Geriatric, Dermatoses, Elderly.

LIST OF TABLES

Table No.	Title	Page No.
1	Gender distribution of geriatric dermatoses	**38**
2	Age distribution of geriatric patients	39
3	Occupation distribution of geriatric patients	40
4	Comparison of males and females with single and more than one dermatosis	41
5	Distribution of different dermatoses	42
6	Comparison of different dermatoses between males and females	44
7	Distribution of different fungal infections	46
8	Distribution of different viral infections	48
9	Distribution of different bacterial infections	49
10	Distribution of different eczematous dermatoses	50
11	Distribution of different papulosquamous disorders	52
12	Distribution of different vascular disorders	54
13	Distribution of different tumours and premalignant skin conditions	55
14	Distribution of different immunobullous disorders	57
15	Distribution of different pigmentary disorders	58
16	Distribution of different psychocutaneous disorders	59
17	Distribution of different photodermatoses	60
18	Distribution of different types of urticaria	61
19	Distribution of different drug reactions	62
20	Distribution of different hair disorders	63
21	Distribution of different keratinization disorders	64
22	Distribution of different connective tissue disorders	65
23	Distribution of different miscellaneous dermatoses	66
24	Distribution of different disorders affecting oral cavity	68

25	Distribution of different genital disorders	69
26	Distribution of diseases associated with generalised pruritus	70
27	Distribution of associated systemic disorders	71

LIST OF FIGURES

Figure No.	Title	Page No.
1	Gender distribution of geriatric dermatoses	38
2	Age distribution of geriatric patients	39
3	Occupation distribution of geriatric patients	40
4	Comparison of males and females with single and more than one dermatosis	41
5	Distribution of different dermatoses	43
6	Comparison of different dermatoses between males and females	45
7	Distribution of different fungal infections	47
8	Distribution of different viral infections	48
9	Distribution of different bacterial infections	49
10	Distribution of different eczematous dermatoses	51
11	Distribution of different papulosquamous disorders	53
12	Distribution of different vascular disorders	54
13	Distribution of different tumours and premalignant skin conditions	56
14	Distribution of different immunobullous disorders	57
15	Distribution of different pigmentary disorders	58
16	Distribution of different psychocutaneous disorders	59
17	Distribution of different photodermatoses	60
18	Distribution of different types of urticaria	61
19	Distribution of different drug reactions	62
20	Distribution of different hair disorders	63
21	Distribution of different keratinization disorders	64
22	Distribution of different connective tissue disorders	65
23	Distribution of different miscellaneous dermatoses	67
24	Distribution of different disorders affecting oral cavity	68

25	Distribution of different genital disorders	69
26	Distribution of diseases associated with generalised pruritus	70
27	Distribution of associated systemic disorders	71

INTRODUCTION

The process of ageing is natural. In the words of Seneca; “Old age is an incurable disease.” But recently, Sir Sterling Ross says, “You do not heal old age. You protect it; you promote it; you extend it.”[1]

Diseases of the elderly are becoming increasingly important, as there has been gradual increase in the life expectancy in the last few decades. This has led to greater interest in the diseases of the elderly. Government of India opted, “National Policy on Older Persons” in January 1999. The policy explained “senior citizen” or “elderly” as a person who is of 60 years of age or above.[2] Ageing is a continuous, and irreversible process which also affect the skin like other organs. Chronic diseases like Diabetes Mellitus (DM), hypertension (HT), thyroid disorders, etc., are commonly seen in aged patients, at the same time geriatric population is more prone to skin diseases. Two types of changes in the ageing skin is defined as chronological skin ageing and photoaging. The wrinkling of the skin with increasing age is due to changes in the dermis. Due to decrease in support of vasculature by collagen tissue and decreased perivascular veil cells results in senile purpura.

Common geriatric dermatoses

Xerosis - The prevalence of xerosis in the different long-term care facilities ranges from 29.5% to 58.3%.[3] The main complaint of xerosis is pruritus. Scratching of the skin leads to infection and dermatitis due to breakdown in its continuity. Most commonly affected sites are anterior shins, dorsi of hands, and forearms.[4,5]

Pruritus - Pruritus or itch is most commonly caused by xerosis. Systemic disorders occur in 10–50% of cases.

Asteatotic dermatitis - Asteatotic dermatitis (eczema craquele) is an eczematous eruption characterized by dry, fissured and cracked patches on the limbs, commonly occur in winters. Investigations for internal malignancy, such as malignant lymphoma should be done in case of extensive eczema craquele.[6]

Stasis dermatitis - Stasis dermatitis occurs on the lower extremities because of underlying insufficient venous drainage. The dermatitis may be scaly or lichenified, weepy or dry. Secondary bacterial infection may lead to cellulitis and lymphangitis.[7,8]

Cellulitis is an infection of the subcutaneous fat, which is the infection of dermis and upper subcutaneous tissue due to *streptococcus pyogenes or staphylococcus aureus.*

Viral infections - Viral infections like herpes zoster occur in old age secondary to impaired immune function. The incidence of herpes zoster has been estimated to be 1,000,000 cases per year, with higher numbers in adults older than 60 years.[9] Herpes simplex virus (HSV) is of two types and it causes infection on the skin: type I and type II. Dissemination of lesions occurs in severe immunodeficiency. Kaposi's varicelliform eruptions lead to dissemination of atopic eczema upon exposure to HSV due to depressed immune response.[10] Some patients with Alzheimer's dementia with genotype APOE epsilon 4 allele may contain HSV-I virus.[11]

Molluscum contagiosum (MC) is a pox virus infection, may occur in the elderly population, especially in immunodeficiency states.

Fungal infections - Onychomycosis, tinea pedis, tinea cruris, and candidiasis are some of the fungal infections occur commonly in the aged population. Onychomycosis (fungal infection of nails) begin at the free edge of the nail or at the lateral nail fold and subungual hyperkeratosis.

Candidiasis is commonly seen in intertriginous areas due to warm and moist skin, such as submammary folds, inguinal, perioral areas and anogenital.[12]

Tinea pedis is the fungal infection of the feet which commonly occur in interdigital webs but can also occur on the sole of the foot. Tinea cruris is the fungal infection of the groin area can also occur in the elderly population.

Infestations - Scabies and pediculosis are particularly seen in nursing homes. *Sarcoptes scabiei* mite is the causative organism of scabies. It occurs due to close and prolonged contact from person to person or

through fomites. It is predominantly present over the wrists, finger webs, axillae and around the areola, periumbilical area, genitals, buttocks, and the thigh. Norwegian scabies can occur in the elderly who are unable to scratch due to physical limitations and in some neurological disorder with skin anesthesia.[13]

Pediculosis is an infestation caused by lice, which is divided into pediculosis capitis (head lice) or phthirus pubis (pubic lice). It is transmitted through direct physical contact or with infested fomites and it commonly presents with pruritic papular eruption.

Eczematous lesions – It is characterised by macules, papules, or vesicles with oozing and crusting on the skin surface. It may occur at any site but commonly on the extremities. Seborrheic dermatitis is another type of eczematous eruption, caused by *Malassezia* yeasts. The prevelance of seborrheic dermatitis has been estimated to be about 31% in the elderly population.[14]

Contact dermatitis is one of the common types of eczema. It is estimated that 11% of the elderly population is suffering from it.[15]

Immunobullous disorders-

Bullous pemphigoid is a chronic autoimmune disease seen in aged population characterized by bullous eruption on normal skin or on an urticarial base with tense bullae.

Mucous membrane pemphigoid is characterized by erosions and blisters in the mouth, conjunctivae and nose. It is also commonly seen in the aged population.

Pemphigus vulgaris and paraneoplastic pemphigus eruption are also frequently seen in the elderly population.

Psychodermatological disorders - Psychodermatological disorders are characterized by psychiatric disorders with skin manifestations and skin disorders with psychological impact.[16,17] Psychocutaneous disorders are mainly self-induced disorder of older age. Psychodermatological disorders which are commonly seen in the elderly population include lichen simplex chronicus, prurigo nodularis (PN), neurotic excoriations, and delusion of parasitosis.

Lichen simplex chronicus presents as lichenified red scaly plaque. Patients are habitual of rubbing and scratching with the dominated hand. This continues till lichenification occur. Elderly patients with lichen simplex chronicus should be evaluated for the possibility of underlying neuropathic changes.[18]

Prurigo nodularis also occur secondary to habitual scratching. It usually presents with erythematous or hyperpigmented, scattered, and discrete keratotic nodules on the extremities.

Drug eruptions - Exanthematic eruptions are the most common eruptions seen in the elderly population.[19] They take the form of maculopapular, morbilliform, or erythematous lesions. The other presentations include vasculitis, fixed drug eruptions, erythema multiforme, urticaria, contact dermatitis, purpura, and photodermatitis.[20]

Erythema multiforme is another drug-induced eruption due to hypersensitivity reaction characterized by target-like lesions on the extremities and trunk accompanied by systemic symptoms.

Seborrheic keratosis - It is the most common benign lesion. It commonly affects trunk, face, and proximal extremities. There is a sudden appearance of multiple seborrheic keratoses which is called as Leser – Trelat sign and it is indicative of an internal malignancy, usually of an adenocarcinoma of the stomach.[21]

Skin tags and Cherry angiomas are also common in elderly population.

Basal cell carcinoma is the most common skin tumor, but it is the least malignant. It presents as pearly papules, rolled edges, and telangiectasia.

Squamous cell carcinomas present as irregular growths with an indurated base.

Photodermatoses - It occurs due to prolong exposure to solar light. It includes actinic dermatitis, actinic keratosis, actinic elastosis and actinic cheilitis.

Neoplasms - Both benign and malignant neoplasms have been noticed in the elderly population with increased frequency.

The elderly population has increased to a great extent in the past few decades all over the world. A progressive degenerative change, which is intrinsic to ageing skin and with susceptibility to many cutaneous and systemic diseases, significantly impairs the quality of life in elderly population. The diagnosis of certain dermatoses in the aged population poses a great challenge. History taking can be difficult. The clinical manifestation of skin disorders in elderly population may not present as classically as they do in younger population. By knowing these skin disorders, we can detect, treat, counsel and protect them at earliest, helping them to grow old gracefully.

AIMS AND OBJECTIVES

To study the pattern of geriatric dermatoses for one year.

REVIEW OF LITERATURE

The number of individuals over sixty years old is increasing quickly worldwide. This may result to longer life.[22] There is a general improvement in health supply system together with housing, nutrition, hygiene, birth prevention, maternity, and kid care resulting in longer life. This has result in the larger interest within the diseases of this cohort. As per World Health Organization, the worldwide population of individuals aged over or up to sixty years old can reach 2 billions in 2050.[23] In Egypt, over the past few decades, there's a gradual increase within the absolute and relative numbers of senior population. Considerable efforts have thus been created to know the pathophysiology and biology of skin ageing to spot new targets which may provide therapeutic intervention and prevention.

Skin ageing represents an inevitable physiological consequence of getting older however its impact on personal health and well-being will be vital. For many years, tries are created to outline the physiological and pathological changes that occur in skin ageing. Aging skin encompasses a marked susceptibleness to dermatological disorders because of the physiological and structural changes that occur as a result of intrinsic and external ageing.[24] it's divided into intrinsic (chronological) skin ageing and photoageing (sun-exposed sites).

INTRINSIC AGEING

Intrinsic skin ageing is additionally called chronological ageing, natural ageing or simply skin ageing and happens inevitably, unceasingly and gradually in all skin types over an individual’s lifespan. Intrinsic aging is that the slow irreversible degeneration of tissue that affects the major body organs.[25] Intrinsic ageing is determined in its purest type on the upper inner aspects of the arms and on the buttocks and therefore, the hips, sites that are generally protected against ultraviolet irradiation exposure. The hallmark clinical features of intrinsic ageing embody dryness, homogenised color, fine wrinkling and atrophy.

EXTRINSIC AGEING

Extrinsic ageing is outlined as photoageing and results from the damaging effects of ultraviolet light, that cause premature skin ageing. The salient clinical features of external ageing are rough texture, dryness, telangiectasias, dyspigmentation, fine and coarse wrinkles.

The accumulative intrinsic and extrinsic effects of aging skin have a large spectrum of clinical expression. Common inflammatory dermatoses like xerosis, eczema, psoriasis, seborrheic dermatitis, and contact dermatitis result mostly from progressive intrinsic changes within the aging skin.

Xerosis and itching are the foremost common dermatologic disorder within the aged, accounting for as several as 80% of dermatological complaints among the senior population.[26] Inflammatory dermatoses like eczema, psoriasis, and seborrheic dermatitis also are quite common.[26,27] The additive effects of atmosphere insults, significant exposure to radiation, additionally contribute to the marked increase in neoplastic diseases in old age.[28] Though seldom fatal, these dermatologic disorders will produce substantial morbidity in those afflicted and considerably reduce quality of life within the latter years of life.[27]

CLINICAL IMPLICATIONS OF AGEING SKIN [29-33]

1. The skin becomes dry, and there is xerosis due to decrease ability to retain water and reduced stratum corneum lipids.
2. Due to structural changes in stratum corneum and altered barrier function there is variable response to topical medications, altered sensitivity to irritants.
3. Reduced movement of water from dermis to epidermis and reduced epidermal hydration also leads to dry skin and xerosis.
4. Thinning of epidermis and dermis leads to increase vulnerability to mechanical trauma, especially shearing and friction and increased incidence of skin tears.
5. Loss of ability to tan, greater susceptibility to solar radiation and graying of hair is due to decrease in melanocytes.

6. Flattening of dermal papillae leads to increased incidence of blister formation and susceptibility to infection.
7. Slowdown turnover rated epidermis; decrease in ratio of proliferative-to-differentiated keratinocytes causes increased time to repithelialization and longer healing times after injury or surgery.
8. There is a decrease in vascularity and supporting structures in dermis; fragile, easily broken blood vessels, and decreased wound capillary growth leading to easy bruisabilty of skin (senile purpura) and increased risk of wound dehiscence.
9. There is longer healing times after injury or surgery, increased risk of pressure damage to elderly skin and decubitus ulcers due to changes in and loss of collagen and elastin fibers; decreased tensile strength and delayed collagen remodelling.
10. There is impairment of immune response, inflammatory response and delayed hypersensitivity reaction. Also, there is decreased production of cytokines and decrease in numbers of langerhans cells causing impaired wound healing, increased risk of severe injury from irritants and increased susceptibility to photocarcinogenesis.
11. Impaired neurologic responses lead to reduced sensation and increased risk of thermal or other accidental injury.
12. Decreased skin thickness, loss of cushioning and decreased vitamin D precursor production leads to increase risk of pressure damage, decubitus ulcers, increased susceptibility to skin tears, bruising, osteoporosis, and bone fractures.

AGE RELATED CHANGES IN T CELLS

CD4 T cells

- Decreased TCR signaling intensity
- Decreased Th1 and Th2 effector differentiation
- Decreased expansion in response to TCR stimulation
- Decreased cognate helper function
- Retention of the ability to differentiate to Th17

CD8 T cells

- Decreased TCR repertoire diversity

- Development of clonal expansions
- Decreased antitumor responses

Regulatory T cells

- Increased numbers
- Retention / gain of function with age
- Downregulate antitumor responses
- May contribute to Th17 skewing

VARIOUS GERIATRIC DERMATOSES

PRURITUS

In senior patients (those older than sixty years of age), pruritic eruptions are common. Sadly, they're typically chronic and troublesome to accurately diagnose.[34]

Aging affects three very important elements involved in generating skin inflammation and in sensing pruritus:

- The immune system
- The barrier function of the epidermis
- The nervous system

Aging of the immune system

The changes that occur within the immune system with ageing are termed "immunosenescense."[35-38]

There are 2 general features of the immune system in ageing population:

1. It is proinflammatory; and
2. There is vital abnormality of the function of T and B cells.

In some patients this ends up in an "allergic" phenotype, or a noticeable Th2 dominance.[39] In addition, Th17 activity is well maintained in aging.[40]

Aging and the epidermal Barrier

With age, there's important modification within the epidermal barrier beginning at around age fifty five, the surface pH of the epidermis becomes less acidic.[41] The enzymes needed to process the lipids that compose the dermal water barrier need an acid pH. This is often at first manifested as a reduced rate of barrier repair. Senior patients often note irritation and pruritus from laundry product and methods that were

well tolerated at a younger age. At around age seventy, the speed of production of the precursors of the lipid barrier is reduced, leading to deficient lipids function of the barrier. Acid and neutral sphingomyelinase, ceramide synthase, and acid ceramidase are the enzymes needed to provide ceramides with structural operate within the epidermal barrier, are reduced within the inner layers of the epidermis in senior individuals.[42] Aquaporin-3 gene expression is reduced in persons older than sixty years older.[43] With of these defects in steps important to epidermal barrier function and hydration, xerosis is consequently a serious drawback in senior individuals.[44]

Degenerative Skeletal and Neural sickness

Elderly patients often are afflicted with degenerative diseases of the spine. The condition may end up in impingements on sensory nerves as they exit the spinal cord. Brachioradial pruritus and nostalgia paresthetica are conditions with this apparent pathological process.[45] Additionally, in rare cases, central nervous system neurodegenerative sickness could produce itching.[46] Diabetic truncal pruritus could also be a proof of diabetic polyneuropathy.[47]

XEROSIS

Most aged people have xerosis, usually cited as “dry skin,” at some point in their lives. For older adults, the prevalence is kind of common, however varies widely.

The exact etiology of xerosis isn't entirely understood; there are many intrinsic, genetic, and environmental mechanisms that contribute to the current problem. As we age, our skin's predisposition towards xerosis will increase. The keratinization process is a balance between:

(1) Keratinocytes migrating from the basal layer and flattening because they become the corneocytes of the stratum corneum and

(2) Shedding as the cells die out.

Any imbalance during this method ends up in enhanced flaky look and dry sensation. The lipid-protein membranes and intercellular junctions of the corneocytes are destroyed, and later, there is death within the skin's barrier function.[48] Another mechanism that contributes to xerosis is genetic predisposition, as well as racial background.[49]

Environmental factors that contribute to xerosis:-

- Dry and / or cool close air (eg, air conditioners, winter seasonal changes, desert conditions)
- Harsh cleansers or soaps
- Hot water bathing—dries the skin
- Skin powders—drying agent on the skin

Finding the precise reason behind xerosis in older adults may be difficult. A targeted history and physical examination will purpose the practitioners within the right direction and save time on unproductive treatments. Medications should be reviewed, particularly as a result of polypharmacy is often prevailing in older adults. Specifically, diuretics, statins, antiandrogens, and cimetidine contribute to xerosis. The physical examination can reveal rough, dry skin to the touch. There could also be scaling, and if the xerosis worsens, there could also be redness and cracking (erythema craquelé), and severe cases might appear ichthyotic or fish scalelike.

ASTEATOTIC ECZEMA

Asteatotic eczema, additionally outlined as eczema craquelé. It can even be referred as xerosis, that is dry skin. It characterised by dry, cracked, and scaly skin that's usually inflamed. It always begins as dry skin, and because the illness becomes more severe, the skin will crack and cause fissures. These fissures are because of epidermal water loss. The fissured skin happens in a polygonal or curving pattern. The irregular fissuring and scaling patterns are typically known as as "crazy paving." Patients additionally report pruritus related to dry skin.[50]

Asteatotic eczema happens particularly in winter months once the skin is more at danger of changing into dry. There are many reports of asteatotic eczema correlating with underlying general conditions. These enclosed malignancy, malnutrition and hypothyroidism. Many categories of medicines even have incontestible links to xerosis, as well as diuretics, retinoids, and antineoplastic agents.[51-55] Other factors that contribute to asteatotic eczema embrace diminished sebaceous and sweat glands within the old, frequent prolong bathing in hot water, friction and therefore the use of degreasing agents.

Less common causes embrace radiation, hypothyroidism, nutritionary deficiencies (zinc, essential fatty acids), medicine like diuretics and antiandrogen therapy, and malignancies.[51,56-59]

Skin conditions have an effect on up to seventieth of the geriatric population. Commonest among them are people who are caused by or present as dry, itchy skin.[60] Asteatotic eczema is one among the highest 3 subtypes of eczema with severe itching. It closely follows atopic dermatitis or atopic eczema.[61] Asteatotic eczema is the commonest variety of eczema experienced within the old.[62]

STASIS ECZEMA

Lower limb venous eczema encompasses the skin changes that are due to venous hypertension. Stasis dermatitis is related to the skin changes that result from decreased lower leg venous flow.

Venous eczema and stasis dermatitis are erythematous, scaly and sometimes exudative eruptions typically seen around the ankle joint and lower leg. Venous eczema typically affects the aged or middle-aged people, without any predilection for gender. However, females are affected more often, presumptively because of hormonal effects or enhanced intra-abdominal pressure and tendency for deep vein occlusion during pregnancy. The danger of developing stasis eczema will increase with every passing decade due to the presence of chronic skin disorders like stasis eczema, asteatotic eczema and leg ulcers requiring long topical medical care that may cause contact sensitivity, and its reportable prevalence in adults older than seventy years exceeds two hundredth.[63-65] Prolonged standing is one of the risk factor which leads to the development of venous insufficiency/venous eczema or its chronicity.[66]

Allergic contact dermatitis of the lower legs may be a common complication of this skin condition.

Venous eczema is most likely seen after previous DVT, that is itself connected to fatness, immobility, and former inflammation, and with the presence of blood vessel stasis.

CONTACT DERMATITIS

Contact dermatitis can be divided into allergic and irritant contact dermatitis. Allergic contact dermatitis (ACD) is a T-cell mediated inflammatory reaction and requires prior sensitization.[67] In contrast, irritant contact dermatitis (ICD) is a consequence of innate immunological reaction to exogenous irritant and does not involve antigen- / allergen-specific T cells.

IRRITANT CONTACT DERMATITIS

ICD may develop on areas of skin directly exposed to irritant substances. The immune system is activated by direct skin damage caused by an irritant, which results in a release of proinflammatory cytokines mediating the injury.[68] Keratinocytes are directly affected by molecular toxins, which subsequently result in release of the innate immune mediators IL-1α, IL-1β, TNF-α, granulocyte–macrophage colony-stimulating factor (GM-CSF), and IL-8.[69] These cytokines activate LCs, endothelial cells and dermal dendritic cells. The overall effect is the recruitment of neutrophils, lymphocytes, macrophages, and mast cells at the site of damage.[69]

Dryness is one vital hallmark of ageing and it’s crucial in the development of the ICD: asteatotic dermatitis is also known as eczema craquelé, winter dermatitis, or exsiccation eczema.[70] Because of reduction in air humidity during winter, asteatotic dermatitis may usually appears at this season of the year. Another risk factor for the development of asteatotic dermatitis is intensive hygiene, such as inappropriate application of personal care products. Additionally, use of hot water, shower gels, and cleansing products may also result in the dryness of the skin. Due to physiological changes of the skin, with decreased natural moisturizing factors and lipids in the stratum corneum, which decreases lamellar double layers and water storage capacity, the effect of intensive hygiene measures on seniors is significantly increased.[71] Clinical findings show dry skin and ichthyosiform scaling; the extremities are more typically affected. Itching is the most common symptom and has an important influence on the quality of life of these patients. Asteatotic dermatitis may be

treated with topical corticosteroids, moisturizers, and rich oil-based creams.[72] Moist compresses can also be applied; they can be used to treat moderate to severe eczema and allow greater penetration of moisturizers. Light therapy can also be applied. Appropriate skin care is an important step in protecting the skin barrier and preventing worsening of dermatitis. Moisturizers and special cleansing products are highly recommended.

ALLERGIC CONTACT DERMATITIS

The pathophysiology of ACD is split into two phases: sensitization and the effector (or elicitation) phase.[73] The initial contact between skin and hapten happens during sensitization. The haptens are captured by antigen presenting cells (APCs), transferred into the lymph nodes, and presented to the CD4 and CD8 cells, which leads to the proliferation of these hapten-specific cells.[74] This phase lasts between 8 and 15 days, and there is no clinical manifestation during this process. The hapten-specific T-cells in the tissue start an immunological reaction upon renewed contact with the hapten after sensitization, characterizing the effector phase. In this phase, a clinical inflammatory process with erythema, oedema, and in some cases blisters can be observed.[74] In contrast to sensitization, the effector phase is shorter and lasts about 2 or 3 days. In seniors, a reduced epidermal skin barrier function and repetitive allergen exposure with increasing age can predispose individuals to the development of contact allergies, while a weaker immune system reduces this disposition.

Sensitization results from repeated encounters with allergens. Perfumed products are among the foremost common allergens in daily use. Due to advanced age, seniors have had a chronic exposure to perfumed products, and it might be reasonable to expect the incidence of fragrance allergies to rise with increasing age.[75] Augmented sensitization rates for fragrance mix are described for females in the seventh decade of life and for men in the eighth decade of life.[75,76] However, a reduction in fragrance mix sensitization was described in very aged people.[75]

Nickel sulphate is still one of the commonest allergens in the aged individuals. The elderly also have an increased prevalence of sensitization to topical agents like balsam of Peru, paraben mix, lanolin alcohols, quinolone mix, diamino diphenylmethane, and Euxyl K400.[76]

The most important pillar of contact dermatitis therapy is the restriction of allergen. If the medical history doesn't provide a probable trigger, it is advised to not use any topical agents until the next visit, with a new evaluation of the products brought along.[77] Emollients are highly recommended to restore the skin barrier function. However, it must always be considered that the vehicles and additives contained in the therapeutic agent were not present in the suspected product or do not have a cross-reaction.

Diagnostic patch tests with potential triggering substances are also indicated for seniors and may include the most frequent allergens in the elderly: fragrance mix, nickel, balsam of Peru, lanolin alcohols, paraben mix, and diamino diphenylmethane. When chronic wounds are present, topical therapy bases and topical therapy ingredients should be considered in epicutaneous testing in addition to the standard series.[78]

The efficacy of topical corticosteroids for the management of allergic contact dermatitis is widely established.[79] Topical calcineurin inhibitors may be particularly recommended for areas such as the face and neck which are prone to corticosteroid-related atrophy during prolonged use.

FUNGAL INFECTIONS

Fungal infections have become common diseases these days. Fungi are present with the potential of colonizing nearly any atmosphere, and usually play a useful part within the decomposition and recycling of organic matter. The fungi could also be generally split into 2 basic forms: moulds and yeasts. Moulds are made up of long nucleate filaments known as hyphae, that are either mostly coenocytic or divided into a series of cells by regular cross walls or septa. Within the yeasts, the most part of the life cycle is unicellular, created from ovoid to globose cells that typically reproduce by budding or, more rarely, by fission. Some fungi can fully switch their style of growth depending on

the environmental conditions. These are referred to as thermally and nutritionally dimorphic fungi, and embody several of the main respiratory pathogens, like *Histoplasma capsulatum* and *Coccidioides immitis.* Fungi reproduce both sexually and asexually, sometimes simultaneously.

Superficial fungal infections account for around twenty-fifth of the world skin mycoses, creating dermatophytic infections as one of the most common varieties of infective diseases worldwide.[80] Fungal infection refers to a superficial mycotic infection caused by any of the 3 teams of keratinophilic fungi, namely, *trichophyton* (infects skin, nails, hair), *microsporum* (skin and hair), and *Epidermophyton* (skin and nails).[81] These comprise the foremost common agents accountable for superficial fungal infections.[82,83]

There is a rising prevalence of fungal infection, particularly in tropical countries, with a concomitant increase in the variety of difficult to treat cases.[80,84] A recent review suggests that *T. rubrum* and *T. mentagrophytes* complex are the most frequent agents affecting nails and skin, whereas *T. tonsurans, T. violaceum*, and *M. Canis* are the leading pathogens accountable for tinea capitis.[85]

The aging process leads to different types of changes in physiological and morphological functions, rendering older patients potentially more prone to infections, particularly from fungal species.[86] Aging results in hyposalivation, that successively alters the normal microflora of the oral cavity, so that it has fewer anaerobic bacteria, such as enterococci.[87] Less saliva production limits peptide and protein presence in the oral cavity and due to lack of substances like lysozyme with broad antimicrobial activity, contributes to oral candidiasis.[87] In the supragingival plaque, *Candida* species are responsible for caries formation which are the predominant pathogens, especially in adults >70 years old.[88] Moreover, in dental prostheses various *Candida* species can be found and *C. albicans* is the most prevalent which is followed by *C. glabrata* and *C. tropicalis*.[88] This colonization is further affected by poor oral hygiene, drugs irritating or damaging the oral mucosa, such as cytostatics, drugs altering the oral flora synthesis,

such as antibiotics, or by simultaneous diseases, such as iron deficiency anemia. Once the oral cavity is colonized, it is easier for the yeasts to achieve the respiratory system, and since *Candida* is a commensal of the gut and the skin surfaces, the colonization index is increasing.[87,89] *Candida* spp. are common in the urine of the older, especially after treatment with broad spectrum antibiotics. Differentiating symptomless candiduria, even in high concentrations (>105/mL urine), from a true infection which triggers a systematic inflammatory response is difficult, and treatment is influenced by the biofilm formation in the urinary catheter.[87]

There is a higher prevalence of onychomycosis in the aged with almost 20% of those aged above 60 years and 50% over 70 years reported to be affected.[86] This may be due to the inherent alterations in the nail unit that occur with the increasing age due to impaired blood circulation, recurrent trauma, altered biomechanics, reduced immunity, and diabetes.[90] Apart from polypharmacy and comorbidities, peripheral vascular compromise and impaired wound healing are significant factors that complicate the treatment of onychomycosis in geriatric population.

Baran et al. have recommended that, in the elderly population, treatment should be topical antifungal agents with or without chemical (40% urea) or mechanical nail avulsion. Even though this is preferred treatment for distressed patients because of the disease, fluconazole 300 mg is given weekly or terbinafine 250 mg two times a day in a pulse form can be given for 1 week every month.[91]

Tinea corporis is most commonly caused by *T. rubrum.* Lesions on the trunk and limbs are typically annular, this appearance is due to elimination of the fungus from the centre of the lesion as the infection spread at the margins. Diagnosis can be confirmed by scrapings from the edges of the lesion. It can be effectively treated with fluconazole, griseofulvin for 4-6 weeks.

Tinea cruris is uncommon in the elderly. It has a characteristic appearance which is often confused with intertrigo, flexural psoriasis

and seborrheic dermatitis. Treatment includes both topical and systemic antifungal drugs.

Tinea pedis usually presents as scaling pruritic areas in the toe-webs and on the soles of the feet. It occurs much more frequently in men. Tinea pedis is probably usually acquired as a result of contact with infected squamous debris on the floors of showers and swimming baths. It produces chronic, fine, scaling on the soles of the feet, toe webs.

The diagnosis can be confirmed by taking scrapings of scaling, mounting in 10% KOH, and examining the material under the microscope. Characteristic fungal mycelium can be seen.

Tinea pedis usually responds to treatment with topical antifungal preparations like whitfield's ointment, broad spectrum imidazoles like clotrimazole, miconazole, enconazole, sulconazole. If topical therapy is not completely effective, oral antifungal drugs like fluconazole and griseofulvin can be given.

BACTERIAL INFECTIONS

Infections in the aged population may present with atypical signs and symptoms. Fever is often low grade or sometimes absent. On the other hand, due to delay in presentation, patients may present with septic shock. Skin and soft tissue infections can also complicate an underlying chronic skin disorder, causing further diagnostic difficulties. The geriatric population has an increased incidence of urinary tract infections, pneumonia, skin and soft-tissue infections.[92] This increased susceptibility to infection has been attributed to a dysregulation and decrease of immunity with age, particularly in cell-mediated immunity.[93] The prevalence of skin colonisation by *Proteus mirabilis* and *Pseudomonas aeruginosa* in the patients over 65 years of age is increased by about 25% as compared to younger population.[94] Wound swabs, therefore, can provide some information about the type of bacteria present, but diagnosis of infection is usually based on clinical features. Alternatively, tissue for culture should be obtained by needle aspiration or biopsy, although the yield of significant positive culture results is low.[95]

Erysipelas is an acute infection of the dermis and upper subcutaneous tissue, caused in the majority of cases by β-haemolytic *Streptococcus pyogenes* and less commonly *S. aureus*. Most commonly affected sites are face and legs and a search for a portal of entry is important. Bacterial infection of the lower dermis and subcutaneous soft tissue results in cellulitis. It is a common condition in the aged and usually affects the legs.

Necrotising fasciitis is an especially destructive infection causing rapidly advancing deep tissue necrosis.

Impetigo is the superficial cutaneous infection caused by either *S. aureus* or β-haemolytic *streptococci* group A. There are two classic forms of impetigo: a non-bullous variant, which accounts for approximately 70% of cases, and a bullous variant. Patients develop pustules and blisters, which then form honey-coloured yellowish crusts. Lymphadenopathy and leucocytosis are often associated findings. The areas most commonly affected are the face, especially around the nose and mouth. A small and localised area of impetigo can be treated with topical application of fusidic acid or mupirocin for 7 to 10 days.[96]

Folliculitis is a superficial infection of the pilosebaceous follicles, usually in areas with short coarse hair such as the neck, beard area, buttocks and thighs.

Furuncles develop when a deeper infection of the hair follicle occurs with *S. aureus*. They are normally tender and heal with scarring. Bacterial carriage in the nostrils, scabies, excoriations, diabetes mellitus, obesity, malnutrition, and the administration of corticosteroids and immunosuppressive drugs are the predisposing factors causing this condition.

Carbuncles occur as a result of neglected, manipulated or mistreated furuncles. The result is a lateral extension and destruction of the tissue and the formation of interconnecting abscesses. Excoriations or scratch marks can be caused by itching arising from a variety of dermatological problems, including eczema, psoriasis, autoimmune blistering diseases, lichen planus, infestations or drug eruptions. Sudden aggravation of atopic eczema, contact dermatitis and some

cases of psoriasis may be caused by *S. aureus* and some *streptococci* producing toxins and proteins which act as superantigens. Pruritus can also be a symptom of systemic conditions such as diabetes mellitus, renal and hepatic impairment, hematological diseases, thyroid disorders and neoplasms.

VIRAL INFECTIONS

Herpes zoster is common in old age. After recovery from chicken pox, varicella zoster virus becomes latent in dorsal root ganglion. After decline in immunity, VZV is reactivated. Herpes zoster infection may be associated with a characteristic pain syndrome called post-herpetic neuralgia. Post-herpetic neuralgia is a sequelae manifested by sharp stabbing pain lasting for months to years after the disappearance of the lesions. Post-herpectic neuralgia, uncommon in patients aged under 40 years and occurs in more than 40% of patients aged 60 to 69 years and 50% of patients older than 70 years. A number of patients older than 60 years experience paraesthesia and muscle weakness. The pain may be induced by minor stimuli. Antivirals like acyclovir, valacyclovir, and famciclovir are the mainstay of treatment.

Herpes simplex virus is of two types causing infections on the skin: type I and type II. Around 85% of adults worldwide have antibodies against HSV-I however, only 20% are symptomatic. The rate of infection of HSV-II is around 16%. Normally, the viral infection appears as a blister that heals after a few days and is prevented from spreading by host immunity. There symptoms may recurrence with or without producing pain or tingling before the blisters appear.

Molluscum contagiosum (MC), may occur in the geriatric population, especially in immunodeficiency states. The occurrence of MC lesions in adults should require evaluation for immunocompromised state. MC lesions are described by dome-shaped umbilicated papules and are transmitted by skin-to-skin contact. Treatment includes cryotherapy, electrodesiccation and curettage.

INFESTATIONS

Scabies is a common ectoparasitic infestation of the skin by the mite known as *Sarcoptes scabiei.*[97] It classically presents as an intensely

itchy eruption with a characteristic distribution in the sides and webs of the fingers, wrists, areolae, axillae and genitalia. Geriatric population is especially vulnerable group for this infection in the developed world.[98] Decreased mobility that affects many aged patients not only makes bathing and scratching difficult but also contribute to treatment challenges. Living in groups of many aged patients also makes this population vulnerable to scabies, which is transmitted by skin-to-skin contact, infested clothing, and infested bedding. Unequal resource accessibility, variety of clinical presentations, and varying mite burden all contribute to a complex diagnostic process and make the identification of scabies challenging. Scabies presents uniquely in aged population. Different from a younger group, elderly patients may demonstrate complete sparing of the finger webs and can present with lesions in the face.[99]

The intense itching associated with scabies is due to delayed-type hypersensitivity reaction to the mite, mite feces, and mite eggs.[100] Symptoms begin at 3–6 weeks once primary infestation within the disease-naïve or 1–3 days in those previously infected.[101]

The pruritus related to scabies will facilitate decrease the mite load as the scratching helps mechanically remove mites.[102] This process may be impaired in aged patients with neuropathy, cognitive impairment, or limited mobility. Moreover, cognitive impairment might alter a patient's ability to communicate symptoms of itching or discomfort which can further confound the diagnosis.

Norwegian scabies was first described in Norwegian lepers in 1848. It differs from normal scabies in the clinical picture and in the number of mites present on the skin in which there are millions of mites. The clinical picture may resemble hyperkeratotic eczema or psoriasis. Typically, an affected individual has thick, scaly plaques on the dorsa of the hands and fingers, the palms of the hands, extensor aspects of the elbows, the scalp and ears, and the soles of feet and toes. In some patients, there is involvement of most of the skin surface. The nails are frequently affected, and shows nail plate thickening and subungual

hyperkeratosis. Patients are frequently disturbed mentally or suffering from dementia, this is more common in aged.

Diagnosis of scabies can be made on physical examination by recognizing serpiginous white lines of mite burrows with the help of dermoscopy.[97] Definitive diagnosis of scabies can be made from the scabies mite, eggs, or feces by examination of skin scrapings under light microscopy.[103] When scabies get crusted, potassium hydroxide can be applied to the specimens to dissolve excess keratotic debris.[104] A negative result doesn't exclude the diagnosis of scabies.[105] Low mite burden may also delay or turn out a false negative result.[106] Presumptive diagnosis and empirical treatment can be made if based upon a steady history of exposure and characteristic examination.[105]

PSYCHOCUTANEOUS DISORDERS

Psychocutaneous disorders are conditions that are described by psychiatric and skin manifestations. These are divided into primary dermatologic disorders with psychiatric comorbidity (atopic dermatitis, psoriasis, vitiligo, alopecia areata) and psychiatric disorders with dermatologic manifestations (obsessive–compulsive disorders, factitious disorder by self-mutilation, psychogenic purpura, delusions of parasitosis, cutaneous sensory disorders, and others).[107]

Lichen simplex chronicus is defined by lichenified plaque due to continuous scratching, on the neck, elbow, ankles, and vulva, in patients with psychological disorders.[108,109]

Prurigo nodularis is presented clinically by chronic, intensely pruritic nodules, with hyperpigmentation, with unknown etiology. It is most commonly seen between the ages of 20 and 60 years, with equal distribution between the sexes and is associated with emotional stress, anemia, uremia, myxedema, hepatic dysfunction, nummular eczema, venous stasis, folliculitis, lymphoma, perforating collagenosis, human immunodeficiency virus infection, gluten-sensitive enteropathy, contact dermatitis, and atopic eczema.[110]

Skin lesions must be considered an warning signal in critical cases with emotional and behavior modifications, and special attention should be

paid especially in elderly patients, while dermatologist–psychiatrist work teams are the major foundation of resolving these cases.

IMMUNOBULLOUS DISORDERS

The autoimmune bullous dermatoses (pemphigus, pemphigoid, epidermolysis bullosa acquisita, dermatitis herpetiformis and linear immunoglobulin (IgA disease) result from an immune response to molecular components of desmosomes or the basement membrane zone.[111] The high incidence of bullous diseases in the elderly may be the result of several factors.

The experimental induction of blisters is easier in the elderly than in younger individuals,[112] probably because of loss of structure and function of adhesion molecules that normally sustain the integrity of cell-cell and cell-matrix adhesion.[113] There are different types of pemphigus which are associated with antibodies against desmosomal proteins.[114-121] There is strong direct experimental evidence that antibodies in pemphigus vulgaris and pemphigus foliaceus results in acantholysis and formation of blister[114,115,122] by directly interfering with desmosomal function. On the other hand, the subepidermal autoimmune bullous diseases are due to formation of antibodies against one or more components of the basement membrane zone.[123,124] In general, subepidermal vesicles result from activation of complement resulting in a cellular inflammatory infiltrate.[125,126]

Bullous pemphigoid affects primarily individuals older than 60 years of age[127] and is rarely reported in children and infants.[128,129] The correct diagnosis of autoimmune bullous diseases requires evaluation of clinical findings, histopathology, direct immunofluorescence and indirect immunofluorescence.

An accurate diagnosis is crucial for predicting the course and prognosis of bullous diseases, and for selecting therapy. The prognosis of bullous diseases in the geriatric population is generally worse than in younger population. Extensive blistering results in extensive erosions that heal slowly, especially in patients with nutritional deficiencies or associated systemic disease. Healing is slow due of extensive erosions which

leads to significant loss of fluids and electrolytes as well as secondary bacterial infection and sepsis.

PREMALIGNANT SKIN CONDITIONS AND SKIN TUMOURS

Seborrheic keratoses are defined as hyperkeratotic lesions of the epidermis, which frequently appear to be “stuck on” the surface of the skin. Seborrheic keratosis is variable in color, from tan to brown to black, and usually have a well-circumscribed border. A surface is rough in most of the cases and usually has a size ranging from 2 mm to 3 cm in diameter, however can be larger. Seborrheic keratoses eventually progress from an initial hyperpigmented macule to the characteristic plaque.[130] The trunk is the most common site, but the lesions also can be found on the extremities, face and scalp.[131]

The Leser-Trélat sign is defined as the sudden onset or increase in the number of seborrheic keratoses as a consequence of an underlying internal malignancy, usually an adenocarcinoma of the stomach, colon, or breast.[132]

Acrochordons or skin tags present as a hyperplastic epidermis and are derived from ectoderm and mesoderm. They are found in twenty five percent of persons and increase in number with age. Predisposing factor include obesity.[130] The axilla, neck, and inguinal region are the most common sites involved. Skin tags usually are pedunculated (attached to the skin by a thin stalk) but also can be sessile. They are skin-colored or brown and range in size from less than 1 mm to 1 cm in diameter.

Bowen’s disease is a SCC in situ and it occurs most commonly in fair skinned individuals. The highest incidence is in the 6th to 8th decade. Etiology includes exposure to chronic ultraviolet - B radiation and arsenic, human papilloma virus infection with oncogenic types like 16, 18, 39, 51, etc., metastases are rare.[133] Both sun exposed and covered sites are involved.[134] It is usually a single lesion, well circumscribed, round to oval, pink to salmon red or dark red, scaly patch or plaque, few millimeters to several centimeters in diameter. Surface may become hyperkeratotic, crusted, fissured or ulcerated.

Actinic keratosis is a premalignant condition that is more common in 65 years of age or older.[135] Ultraviolet - B exposure is the main risk factor causing this condition. It develops due to ultraviolet - B exposure to the skin. Back of the hands, forehead, and the ears are the common sites of involvement. It presents as a skin colored to reddish brown rough papule with adherent yellow brown scale, usually less than 1 cm in diameter. It may also manifest as cutaneous horn. Transformation to SCC suggests increase in size of the lesion, pruritus, ulceration and bleeding. The average rate of progression to invasive SCC is 8%.[136] It is also a risk factor for BCC and malignant melanoma.

Actinic cheilitis is a premalignant skin condition characterized by skin changes occurring on the lower lips. Excessive sunlight exposure produces dryness, scaling, atrophy, and telangiectasia. Fissures, leukoplakia, and carcinoma may develop. Keratoacanthoma (Molluscum sebaceum) is a common benign self-resolving tumour believed to arise from hair follicles. It is an abortive malignancy, seldom progresses to SCC.[137] Ultraviolet radiation appear to be a major factor. It is 3 times more common in males as compared to females. It has a peak incidence between sixty and sixty five years of age. Trigger factors include contact with tar, mineral oil. It is related with carcinoma of the larynx, multiple internal malignancies, leukemia, HIV infection and it can be present in transplant recipients.[138]

Cancer in elderly people is a common problem globally. Among various types of cancer, skin cancers embody an important percentage. The main risk factors are sun exposure, fair skin color, family history of skin cancer, but also the age plays an important role in the formation of skin cancers. In elderly people there are a more prolonged exposure to carcinogenesis and a reduced function of repair mechanisms of the cells so they acquire a selective advantage of growing and proliferating.

Overall, 80–85% of non-melanoma skin cancers are basal cell carcinomas (BCC) and the remaining are squamous cell carcinomas (SCC). SCC is more invasive than the BCC and is the underlying cause of most of the deaths attributable to these tumors.[139] Among the

risk factors correlated with non-melanoma skin cancers, exposure to solar UV radiation is the most important, showing a positive relationship with both histological types.[140] The average person with actinic keratosis is the aged patient with fair skin and a history of long-term sun exposure; in fact, it has been noted that actinic keratosis increases in prevalence with increasing age.[141]

Squamous cell carcinoma (SCC) is a 2nd most common form of malignant skin tumour that arises from the epidermis or its appendages. It frequently arises on the sun exposed skin of middle aged and aged individuals. Lifetime risk of developing SCC is 7-11%.[142] It has high risk of metastases. Most SCCs arise from actinic keratoses (0.025%-16%).[136] It is more common in men. The different clinical types of SCC are as follows:[143]

1) Keratotic or invasive SCC: it is a raised, firm, pink to flesh colored papule or plaque with smooth, verrucous, or papillated surface, and indistinct margins.
2) Nodular SCC: lesion in this case is more elevated with features similar to keratotic SCC.
3) Arsenic induced SCC: it develops on arsenical keratoses over the palms, soles and trunk or within Bowen's disease lesions on sun protected sites.
4) Radiation induced SCC: It develops as ulceration or erosion over radiation induced skin changes like hyperpigmentation, dermatitis, telangiectasia or fibrosis.
5) Thermal induced SCC: it may develop on the background of erythema ab igne.
6) SCC developing within chronic ulcers: Marjolin's ulcer is an example of SCC arising at the site of chronic ulcers.
7) SCC of the mucosa: It might involve the lower lip secondary to actinic cheilitis. It additionally develops on the background of erythroplasia or leukoplakia. The common sites of involvement are the lateral aspect of the tongue, floor of the mouth and soft palate. Genital SCC may also develop over longstanding lichen sclerosus et atrophicus, leukoplakia, erythroplasia of Queyret.

8) Verrucous carcinoma: It is a SCC of low grade, characterised by slowly enlarging, verrucous, cauliflower like growth. It rarely metastasizes. It may involve the sole (epithelioma cuniculatum), oral cavity (oral florid papillomatosis), anogenital region (giant condyloma acuminata of Buschke - Lowenstein) and scars (papillomatous cutis carcinoids).

Etiology includes UV exposure mainly ultraviolet - B, PUVA, ionizing radiation like grenz ray, gamma rays, or X - rays. Chronic arsenic exposure, immunosuppression, chronic inflammatory diseases such as long standing oral ulcerative lichen planus, chronic osteomyelitic sinus tracts, lupus vulgaris, hidradenitis suppurativa and epidermolysis bullosa also predispose to SCC, porokeratosis, Naevus sebaceous, epidermal naeuvs, very seldom, seborrhoeic keratosis may lead on to SCC.[144]

Xeroderma pigmentosum, albinism and epidermodysplasia verruciformis are among the genodermatoses predisposing to multiple SCC but patients with these conditions will usually present in younger age.[145]

Basal cell carcinoma (BCC) is a most common malignant neoplasm of the skin.[146] It is more common in adult males particularly in the aged. Male to female ratio is 3:2. It happens on areas of chronic sun exposure. It is locally invasive, seldom metastasizes. It is composed of cells which are similar to those present in the basal layer of the epidermis and its appendages.[147] It is recognized by the pearly waxy papules, with central depression, a rolled out or thready translucent border with erosion or ulceration, bleeding, crusting and telengiectasia.[148] Etiology includes ultraviolet radiation, ionizing radiation, arsenic exposure, immunosuppression,[149] previous history of non-melanoma skin cancers.

CLINICAL TYPES OF BCC:

1) Nodular / Noduloulcerative (Rodent ulcer): it is the commonest variety (60-80%), characterized by a pearly waxy papule with central depression, a rolled out thread translucent border, with erosion or ulceration, bleeding, crusting and telangiectasia over the surface.

2) Micronodular BCC: these lesions are flat to raised and infiltrative occurring over the back.

3) Pigmented BCC: pigmentation in this type may be grey to black.

4) Superficial BCC: It presents with a scaly erythematous plaque with rolled out margin. Superficial erosions and crusting may be present. It forms 10 – 30% of BCC. It has to be differentiated from Bowen's disease, psoriasis or eczema. It is more common in HIV infection.[150]

5) Morphoeaform BCC: It presents an ill-defined, whitish to yellowish, flat to depressed, scar like, indurated plaque with indistinct borders.

6) Fibroepithelial BCC: It presents as solitary to multiple, sessile to pedunculated, pink firm nodules, on the back.

PAPULOSQUAMOUS DISORDERS

Lichen planus is an inflammatory, papulosquamous disorder affecting skin, nails, hair and mucous membranes. It is more common in females particularly in sixth decade. The classical lesions are pruritic, erythematous to violaceous, flat-topped, polygonal papules and plaques distributed mostly on the flexor aspect of the extremities. It is associated with intense itching.

Genital lichen planus is more common in aged females.[151] It is essential to exclude lichenoid drug eruptions due to drugs in elderly individuals.

Psoriasis can occur at any age. There is a bimodal age of onset, the initial peak occur at 15-20 years and second peak at 55-60 years of age.[152] It presents as chronic, symmetrical, well defined erythematous, dry red scaly papules and plaques situated most commonly over extensor aspects of extremities, palms, scalp and soles. Involvement of joints, nails is also common. Treatment includes topical keratolytics, emollients. Systemic drugs like methotrexate can be given, if hepatic and renal functions are normal.

Pityriasis rosea is an acute self-limiting disorder which is characterized by a characteristic skin eruption and minimal constitutional symptoms. It is most likely infective in origin. The first indication of the disease is usually the appearance of the herald patch, which is larger and more easily seen than the lesions of the later eruption and is normally

situated on the thigh or upper arm, trunk or neck. Rarely, the herald patch may present on the face, scalp, penis, palm or sole. It is a sharply defined, erythematous, round or oval plaque, shortly covered by fine scale. It rapidly attains its maximum size, usually 2–5 cm in diameter but sometimes much larger. In its classical form the lesions consist of discrete oval lesions, dull pink in colour and covered by fine dry silvery-grey scales. Marginal collarette of scale are attached to the periphery, with the free edge of the scale internally. The lesions are usually located over the trunk, base of the neck and upper third of the arms and legs. The lesions commonly fade after 3–6 weeks, but some clear in 1 or 2 weeks and a few persist for as long as 3 months.

PIGMENTARY DISORDERS

Pigmentary changes may manifest as both hyper- and hypopigmentation. Although a number of pigmentary conditions that present in the elderly are also prevalent in younger individuals [e.g., melasma, vitiligo, post-inflammatory hyperpigmentation (PIH)], certain disorders present more often in the geriatric population. This is not necessarily merely a “cosmetic” issue. Pigmentary disorders have been shown to lead to reductions in quality of life, self-confidence and even marital quality.[153,154]

Solar lentigines (SLs) are persistent, benign hyperpigmented macules of varying shapes and sizes (< 1 mm to > 1 cm) that characteristically develop on sun-exposed areas.[155] They are a product of increased epidermal melanocyte activity secondary to chronic sun exposure.[155] Elderly and fair-skinned populations are more prone to this condition because of cumulative sun damage. Up to 90% of the elderly have one or more SLs.[155]

Like SL, lentigo maligna presents in the elderly, with a peak incidence between 60 and 85 years of age[156,157] and fair- skinned individuals with a history of prolonged sun exposure are at higher risk. LM preferentially occurs on the head and neck, while infrequently affecting other areas where SL is common.[156] Irregularities in shape and coloration as well as larger size and “ugly duckling” status are warning signs for LM and warrant diagnostic biopsy for histologic examination.

Maturational dyschromia, or maturational hyperpigmentation, is a primary darkening of skin tone associated with aging. It more commonly affects individuals with darker skin tones. Although the etiology remains unclear, maturational dyschromia is likely due to chronic sun exposure and does not appear to be associated with prior inflammation or skin injury. Commonly affected areas include the lateral forehead, temples, cheekbones and dorsal hands. Maturational dyschromia is a diagnosis of exclusion, and other causes of hyperpigmentation such as melasma, PIH, allergic contact dermatitis (e.g., Riehl melanosis) and acanthosis nigricans should be ruled out.

Drug - induced hyperpigmentation is usually progressive slowly that develops after months or even years of drug utilisation.[158] The resultant pigmentation is usually brown but also may present a blue-gray color.[158] Different culprit drugs produce unique findings. For example, whereas minocycline may result in a generalized “muddy brown” or blue-black pigmentation in old scars, sites of inflammation and lower extremities, amiodarone leads to a slate-gray discoloration in sun-exposed areas, mainly face.[159] Drug usage is highly prevalent in the geriatric population. Reduced drug excretion in this population may also play a role in their increased risk. The pathophysiologic mechanisms appear to vary by medication, but certain drugs, like nonsteroidal anti-inflammatory drugs (NSAIDs), antimalarial drugs, antiarrhythmics, antiretrovirals, anticoagulants, alkylating/cytotoxic agents, antimicrobials, tetracyclines and psychopharmaceuticals have a more established causative relationship with hyperpigmentation.[160-163]

Schamberg’s, or Progressive pigmentary purpura was originally described in 1901 by Frank Schamberg. It is the most common condition under the big umbrella of “pigmented purpuric dermatoses” and is the most likely of the group to present in the elderly. This disease presents as discrete, non-blanching, red to brown purpuric macules and patches.[164] Upon close examination, these lesions, non-palpable pinpoint petechiae can be seen, resembling “grains of cayenne pepper”.[154] This appearance is a result of inflammation and

resultant leakage of capillaries close to the skin surface. RBCs leak out and cause petechial hemorrhages. The hemorrhage fades over time but hemosiderin deposition persists.[165] The hyperpigmentation commonly affects the bilateral lower limbs, below the knees. Thighs and buttocks can also be involved, whereas upper extremity involvement is rare.[166] It's usually asymptomatic, although associated pruritus may occur.

Idiopathic guttate hypomelanosis (IGH) is an extremely prevalent disorder of hypopigmentation that is seen in over 80% of individuals who are aged ≥ 40 years. The likelihood of having Idiopathic guttate hypomelanosis increases with advancing age, but both sexes are affected equally. Idiopathic guttate hypomelanosis is described as acquired round or oval hypopigmented macules that have a predilection for sun-exposed areas, commonly the extensor forearms and shins. The macules are usually smooth in texture and do not increase in size. Although not commonly biopsied, typical features of Idiopathic guttate hypomelanosis on light microscopy include hyperkeratotic stratum corneum and atrophic epidermis with flattened rete ridges. While the exact cause of Idiopathic guttate hypomelanosis remains unidentified, hypotheses suggest the cause is multifactorial and includes trauma, sun exposure and the aging process.

Mycosis fungoides (MF) is a mature T-cell non-Hodgkin lymphoma that is diagnosed by dermatologists because of its predominantly cutaneous manifestations. The cutaneous manifestations of MF vary widely and may include hypopigmented patches.[167,168] Mycosis fungoides presents as erythematous or hyperpigmented patches or plaques in truncal distribution, may be accompanied by pruritus.[167] Although the hypopigmented subtype of MF is more commonly present in younger patients, MF prevalence increases with age, with peak diagnosis around 55–60 years, making it an important diagnosis to rule out in elderly patients presenting with suggestive lesions, including hypopigmented patches.[169] MF is more common in males and African Americans.[169] MF can be slowly progressive, making it easily mistaken

for benign dermatoses like eczema or psoriasis, or their post-inflammatory pigmentary sequelae.

Vitiligo is a common form of localized depigmentation. It is an acquired disorder resulting from the progressive loss of melanocytes. It presents as milky-white sharply demarcated macules. Vitiligo has been classified into 2 major forms: segmental vitiligo and non-segmental vitiligo. The strongest association is with thyroid disease amongst autoimmune diseases. The Koebner phenomenon is a well-known phenomenon in vitiligo (also known as isomorphic response). It has been defined as the formation of lesions at sites of trauma to uninvolved skin of patients with cutaneous diseases. The amelanotic macules in vitiligo begin particularly in areas of repeated friction, chronic pressure or trauma, for example the hips, feet, elbows, dorsa of the hands/fingers, knees and ankles. The lesions are also susceptible to sunburn; rarely, itching may be present without previous sun exposure or sunburn. The distribution of the lesions is usually symmetrical, however in the segmental subtype it is usually unilateral and band shaped.

CONNECTIVE TISSUE DISORDER

SLE is the commonest autoimmune disorder, with an annual incidence of 50–70/million population. The majority of cases occur between the ages of 15–40 years, but about 10% of new cases present after the age of 50 years and on into the 80s.[170] Women have a ten-fold increased risk compared to men. This discrepancy diminishes with age and after the menopause drops to 4–5.[170,171] The classical malar rash occurs in only about 20% of elderly patients, whilst photosensitivity is variably reported to be the same as in younger patients or reduced.[170,172] Other cutaneous features include maculopapular lesions, urticaria, subcutaneous nodules and hyperpigmentation. Diffuse non-scarring alopecia is a common finding in the young but may not be as frequent in the elderly.[173] Oral ulceration and lymphadenopathy are other features common to both groups. Raynaud’s phenomenon is slightly less common in late-onset patients.

Arthralgia is a very prominent feature, though often with few clinical signs.

Drug-induced lupus is more common in the elderly, primarily due to increased drug exposure: hydralazine, procainamide, chlorpromazine, methyldopa, penicillamine, quinidine, sulphasalazine and isoniazid are proven causes. Drugs like captopril, lithium, anticonvulsants, beta-blockers, propylthiouracil, levodopa and nifedipine have also been strongly implicated.

Sicca symptoms are common in elderly women, with a prevalence of 39%, the majority drug-induced and only 2% due to Sjögren's syndrome.

POST HERPETIC NEURALGIA

It is a commonest complication of herpes zoster, defined as persistence or recurrence of pain in an affected area for more than 1 month after the lesions have healed. It is more common in patients more than 60yrs (50%). Other risk factors include presence of prodromal pain, severe pain during the acute phase of herpes zoster, greater rash severity, more extensive sensory abnormalities in the affected dermatome. Spontaneous remission may occur over a period of time. It has 2 forms: a continuous as well as spasmodic shooting type. There may be pruritus, hyperaesthesia, allodynia, burning sensation, dysesthesia, anaesthesia. Pain may be relieved by application of cold water, ice cubes, topical capsaicin, topical lignocaine. If pain is severe systemic drugs like amitryptyline, carbamazepine, phenytoin, lamotrigene, gabapentin can be tried.

ERYTHRODERMA

It is a generalized inflammatory skin disorder manifesting with erythema and scaling affecting more than 90% of the body surface area. It can be classified as primary erythroderma arising on normal looking skin due to an underlying systemic disorder or drugs. Secondary erythroderma arises from preexisting dermatoses. It is more common in males. Etiology includes psoriasis (it is the commonest cause in adults), eczemas (atopic eczema, seborrheic dermatitis, stasis eczema, phytophotodermatitis), infections like dermatophytosis,

norwegian scabies, HIV, lymphoma, leukemia, drugs like phenytoin, carbamazepine, beta blockers, cimetidine, gold salts, lithium, omeprazole, pemphigus foliaceous, idiopathic. Clinical features include erythema and scaling involving more than 90% of body surface area. Large scales are seen in acute cases and smaller one in chronic cases. There may be enlargement of lymph nodes, it is called dermatopathic lymphadenopathy, which should not be mistaken for lymphomas. Systemic manifestations include fever or hypothermia, malaise, chills and body - ache. There may be high output cardiac failure.

NUTRITIONAL DISORDERS

Chronic illnesses, malabsorption, impaired metabolism, immobility, depression, eating disorders, social deprivation, drugs, and poverty make the elderly susceptible to a variety of nutritional disorders. The cutaneous signs of chronic ill health may include hyperpigmentation of the skin, hair loss, dry and brittle nails. Women with advanced age are particularly susceptible to deficiencies in vitamins B12, A, C, and D, calcium, iron, zinc, and other trace elements which result in skin changes. Iron deficiency results in an iron deficiency anemia, manifested by pallor, weakness, palpitations, irritability, sore tongue, angular stomatitis, loss of hair, and koilonychia. Zinc deficiency may be acquired as it is found in liver and pancreatic disease or in malabsorption. An eczematous eruption is seen in areas of trauma, such as knees, elbows and ankles. Seborrheic dermatitis-like lesions are present on the face. Hair growth is scanty, and total alopecia may occur. Supplementation of zinc leads to rapid improvement and serum alkaline phosphatase levels return to normal. Vitamin C deficiency result in manifests of scurvy as small perifollicular hemorrhages. Niacin deficiency leads to pellagra. Appropriate nutritional intake and exclusion of possible systemic diseases that may cause vitamin and trace elements deficiencies and palliative care is the standard of treatment in nutritional deficiencies.

MATERIAL AND METHODS

SOURCE OF DATA

This observational study was conducted on geriatric patients in Department of Dermatology, Venereology and Leprosy at Dayanand Medical College and Hospital, Ludhiana for one year (1st june 2019 to 30th may 2020). The study included both admitted patients and patients attending dermatology OPD.

METHOD OF COLLECTION OF DATA

- Informed and written consent was taken from the patient and clinical data was recorded as per proforma.
- Patient's details including name, age, sex, MRD No., history (past, personal, family, treatment) were taken.
- A detailed history was taken with particular reference to the duration, site of presentation of lesions, signs and symptoms, aggravating factors.
- History of underlying systemic conditions like diabetes mellitus, hypertension, coronary artery disease, bronchial asthma or any other disease was obtained.
- Local examination was done and provisional clinical diagnosis was made.
- Diagnosis was confirmed by one of the consultants.
- Clinical photographs were taken in the consenting patients.
- Investigations like KOH mount, Tzanck smear, skin biopsy, and immunofluorescence were done wherever required.
- All these data were recorded in a proforma, tabulated and analysed statistically.

INCLUSION CRITERIA:

• Patient attending OPD and admitted in dermatology department greater than 60 years of age

EXCLUSION CRITERIA:

• Patients not willing to participate

NUMBER OF CASES

Four hundred and seven

STATISTICAL ANALYSIS

Data was described in terms of range; mean ± standard deviation (± SD), median, frequencies (number of cases) and relative frequencies (percentages) as appropriate. All statistical calculations were done using SPSS (Statistical Package for the Social Science) SPSS 21 version statistical program for Microsoft Windows.

OBSERVATION AND RESULTS

A total number of 407 patients with age above 60 years presenting with skin problems, in one year (1st June 2019 to 30th May 2020), in Dayanand Medical College and Hospital, Ludhiana were included in the study. This included both patients attending OPD and admitted patients. The following observations were noted.

GENDER DISTRIBUTION

Table 1: Gender distribution of geriatric dermatoses (N=407)

(M/F)	No. of cases	Percentage
M	239	58.7%
F	168	41.3%
Total	407	100.0%

This study included a total of 407 patients varying in age from 61-90 years. Of these, 239 (58.7%) patients were males and 168 (41.3%) patients were females with M:F ratio of 1.4:1 with the mean age of 68.78±6.25 years.

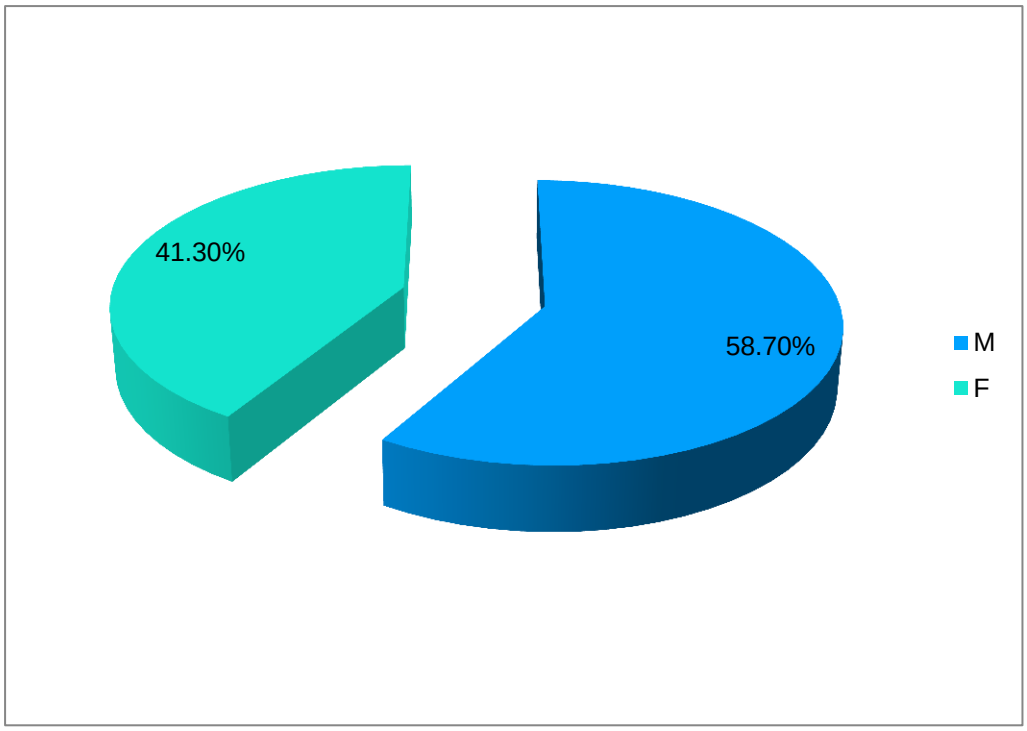

Figure 1: Gender distribution of geriatric dermatoses

AGE DISTRIBUTION

Table 2: Age distribution of geriatric patients (N=407)

Age group(yr)	No. of cases	Percentage
61-65	172	42.3%
66-70	87	21.4%
71-75	90	22.1%
76-80	42	10.3%
> 80	16	3.9%
Total	407	100.0%

172 (42.3%) patients in this study belonged to age group of 61-65 years followed by 71-75 years age group having 90 (22.1%) cases. 16 (3.9%) patients were more than 80 years of age.

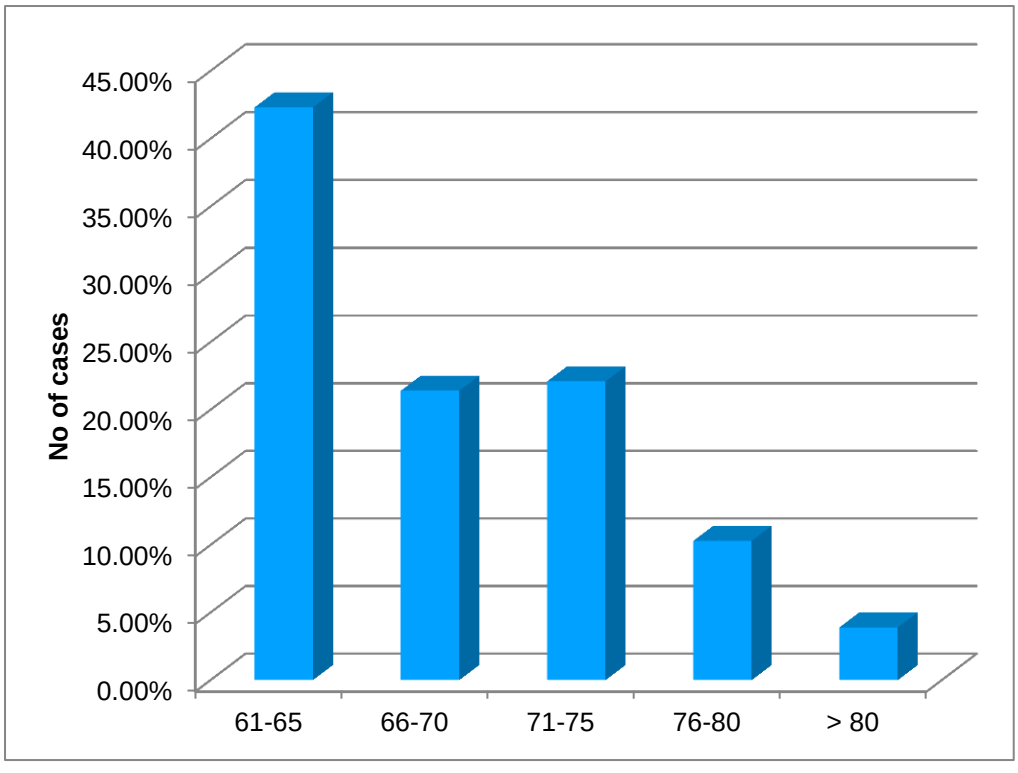

Figure 2: Age distribution of geriatric patients

OCCUPATION DISTRIBUTION

Table 3: Occupation distribution in geriatric patients (N=407)

Occupation	No. of cases	Percentage
Homemaker	144	35.4%
Retired	109	26.8%
Self-employed	91	22.4%
Agriculture	63	15.5%
Total	407	100.0%

In our study, 144 (35.4%) were homemaker out of total number of cases followed by 109 (26.8%) retired employees and 91 (22.4%) self-employed cases. 63 (15.5%) cases were related with agricultural field.

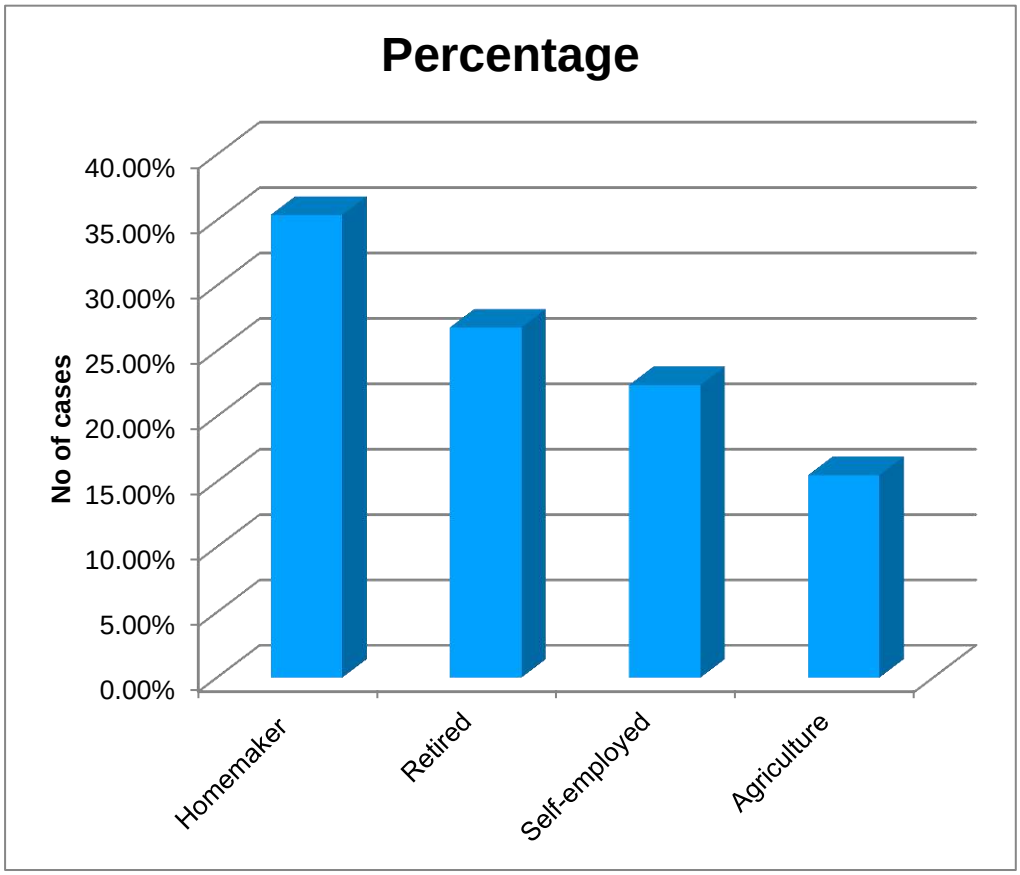

Figure 3: Occupation distribution in geriatric patients

DISTRIBUTION OF DIFFERENT DERMATOSES

Table 4: Comparison of males and females with single and more than one dermatosis (N=407)

	(M/F)				Total	p-value
	M		F			
Single dermatosis	152	63.6%	116	69.05%	268	0.254
More than one dermatosis	87	36.4%	52	30.95%	139	
Total	239	100.0%	168	100.00%	407	

Out of 407 patients, 139 patients presented with more than one type of dermatosis and 268 patients presented with single dermatosis. Single and more than one dermatosis among males were 152 and 87 respectively whereas in case of females, they were 116 and 52 cases respectively.

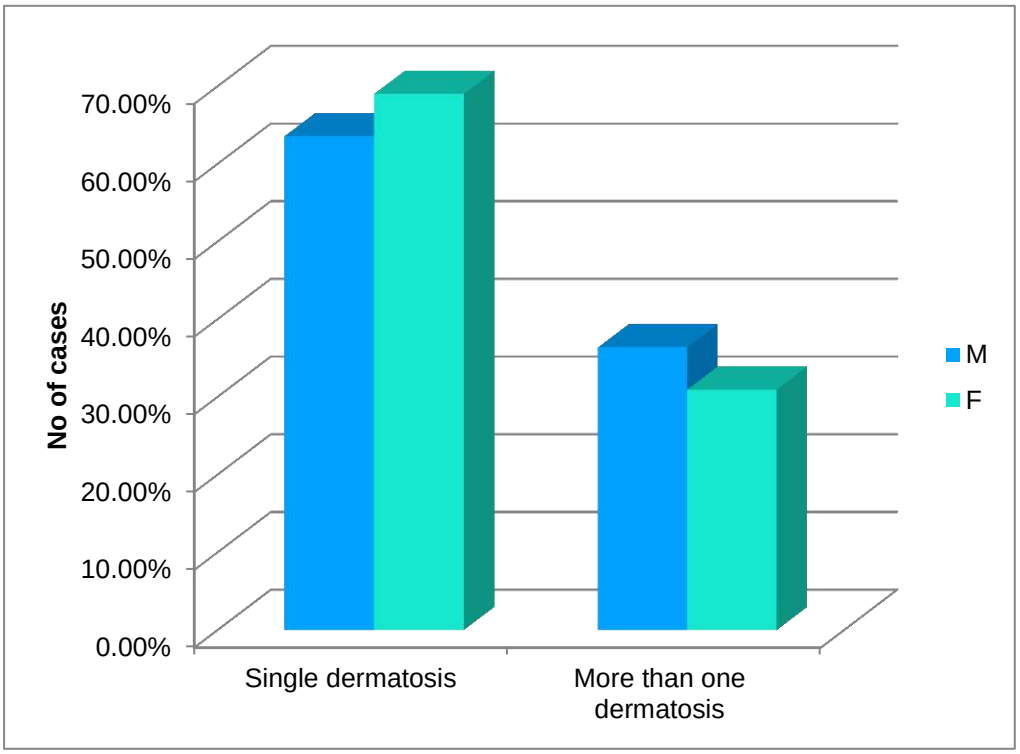

Figure 4: Comparison of males and females with single and more than one dermatosis

Table 5: Distribution of different dermatoses (N=407)

Diagnosis	Number of Cases	Percentage
Fungal infection	111	27.3%
Eczematous disorder	74	18.2%
Papulosquamous disorder	50	12.3%
Vascular disorder	31	7.6%
Generalised pruritus	28	6.9%
Tumours and premalignant skin conditions	28	6.9%
Infestation	22	5.4%
Immunobullous disorder	19	4.7%
Viral infection	15	3.7%
Pigmentary disorder	13	3.2%
Psychocutaneous disorder	12	2.9%
Bacterial infection	11	2.7%
Photodermatoses	11	2.7%
Urticaria	10	2.5%
Drug reaction	8	2.0%
Hair disorder	5	1.2%
Keratinization disorder	4	1.0%
Connective tissue disorder	2	0.5%
Miscellaneous	91	22.4%

In our study, 111 (27.3%) patients presented with fungal infection, 74 (18.2%) patients presented with eczematous dermatoses followed by 50 (12.3%) papulosquamous disorders. 91 (22.4%) patients belong to group of miscellaneous dermatoses, among those 64 (15.2%) patients presented with xerosis. 2 (0.5%) cases presented with connective tissue disorder, malignant tumour and premalignant skin conditions each.

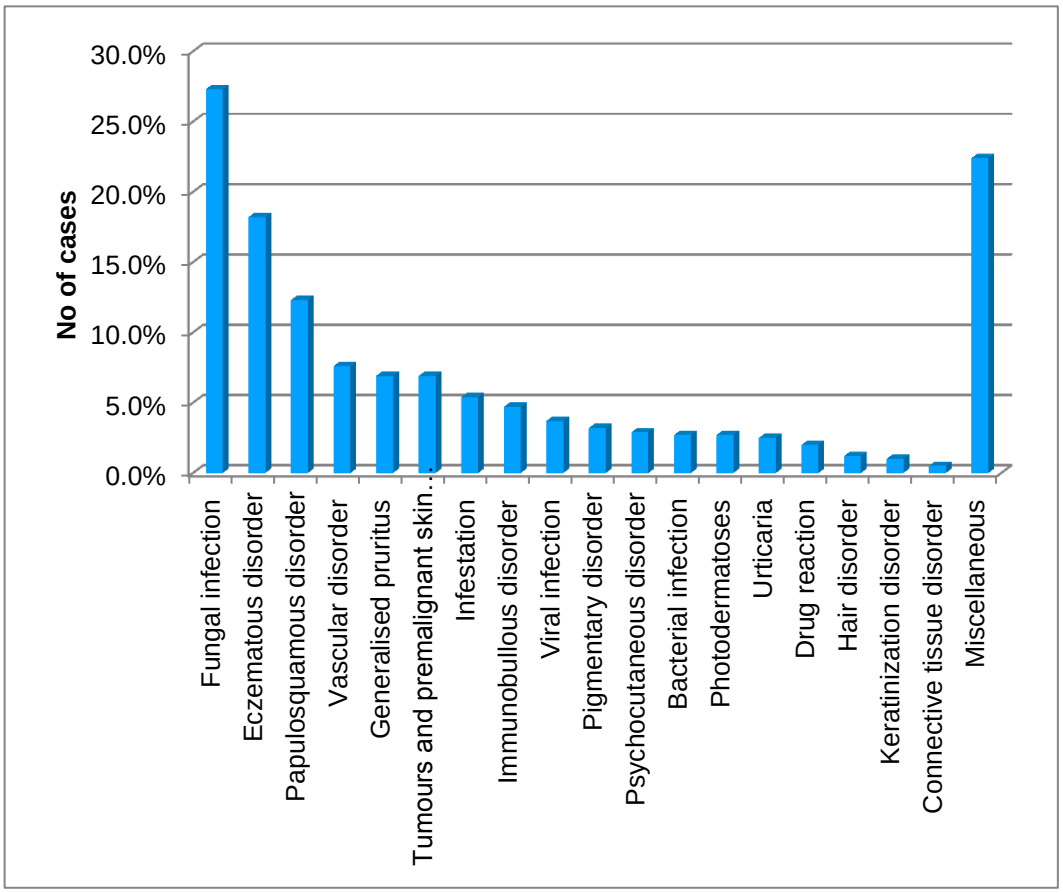

Figure 5: Distribution of different dermatoses

Table 6: Comparison of different dermatoses between males and females (N=407)

	(M/F)				Total	p-value
Diagnosis	**M (n=239)**		**F (n=168)**			
Fungal infection	73	30.5%	38	22.6%	111	0.152
Eczematous disorder	55	23.0%	19	11.3%	74	0.006
Papulosquamous disorder	23	9.6%	27	16.1%	50	0.034
Vascular disorder	18	7.5%	13	7.7%	31	0.838
Pruritus	16	6.7%	12	7.1%	28	0.767
Tumours and premalignant skin conditions	15	6.3%	13	7.7%	28	0.155
Infestation	15	6.3%	7	4.2%	22	0.414
Immunobullous disorder	7	2.9%	12	7.1%	19	0.038
Viral infection	7	2.9%	8	4.8%	15	0.292
Pigmentary disorder	7	2.9%	6	3.6%	13	0.657
Psychocutaneous disorder	6	2.5%	6	3.6%	12	0.483
Bacterial infection	6	2.5%	5	3.0%	11	0.79
Photodermatoses	5	2.1%	6	3.6%	11	0.326
Urticaria	3	1.3%	7	4.2%	10	0.052
Drug reaction	4	1.7%	4	2.4%	8	0.568
Hair disorder	3	1.3%	2	1.2%	5	0.993
keratinization disorder	3	1.3%	1	0.6%	4	0.534
Connective tissue disorder	1	0.4%	1	0.6%	2	0.777
Miscellaneous	59	24.7%	32	19.0%	91	0.295

Amongst all the dermatoses, fungal infections were the most common in both males and females with 73 (30.5%) and 38 (22.6%) cases respectively. Eczematous disorders were the second most common dermatosis in males with 55 (23.0%) cases whereas in case of females, papulosquamous disorders were the second most common having 27 (16.1%) cases. Eczematous disorders were more common in males, while papulosquamous and immunobullous disorders were

more common in female patients. The differences in above mentioned disorders among males and females were statistically significant.

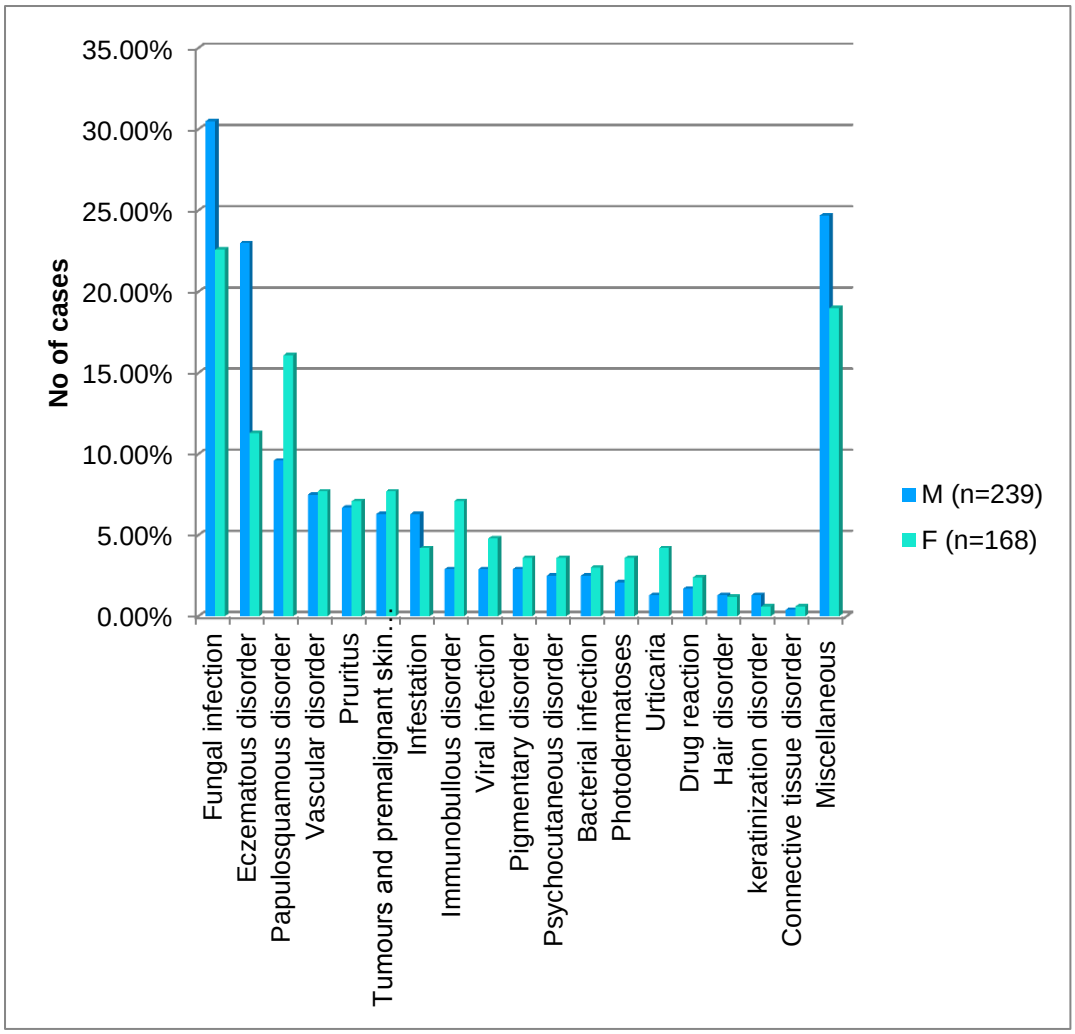

Figure 6: Comparison of different dermatoses between males and females

Table 7: Distribution of different fungal infections (N=407)

Diagnosis	No. of cases	Percentage
Tinea cruris et corporis	33	8.1%
Tinea unguium	16	3.9%
Candidal intertrigo	16	3.9%
Tinea corporis	15	3.7%
Tinea cruris	11	2.7%
Candidal balanoposthitis	6	1.5%
Tinea pedis	3	0.7%
Tinea incognito	3	0.7%
Candidal balanitis	3	0.7%
Chronic paronychia	2	0.5%
Oral candidiasis	2	0.5%
Pityriasis versicolor	1	0.2%
Total	111	27.3%

Out of 111 (27.3%) cases of fungal infection, maximum number of patients presented with dermatophytic infection 81 (19.9%) followed by 29 (7.1%) cases of Candida and 1 (0.2%) case of pityriasis versicolor. Most common presentation was tinea cruris et corporis with 33 (8.1%) cases followed by tinea unguium 16 (3.9%). Amongst candida infection, 16 (3.9%) cases presented with candidal intertrigo followed by 6 (1.5%) cases of candidal balanoposthitis.

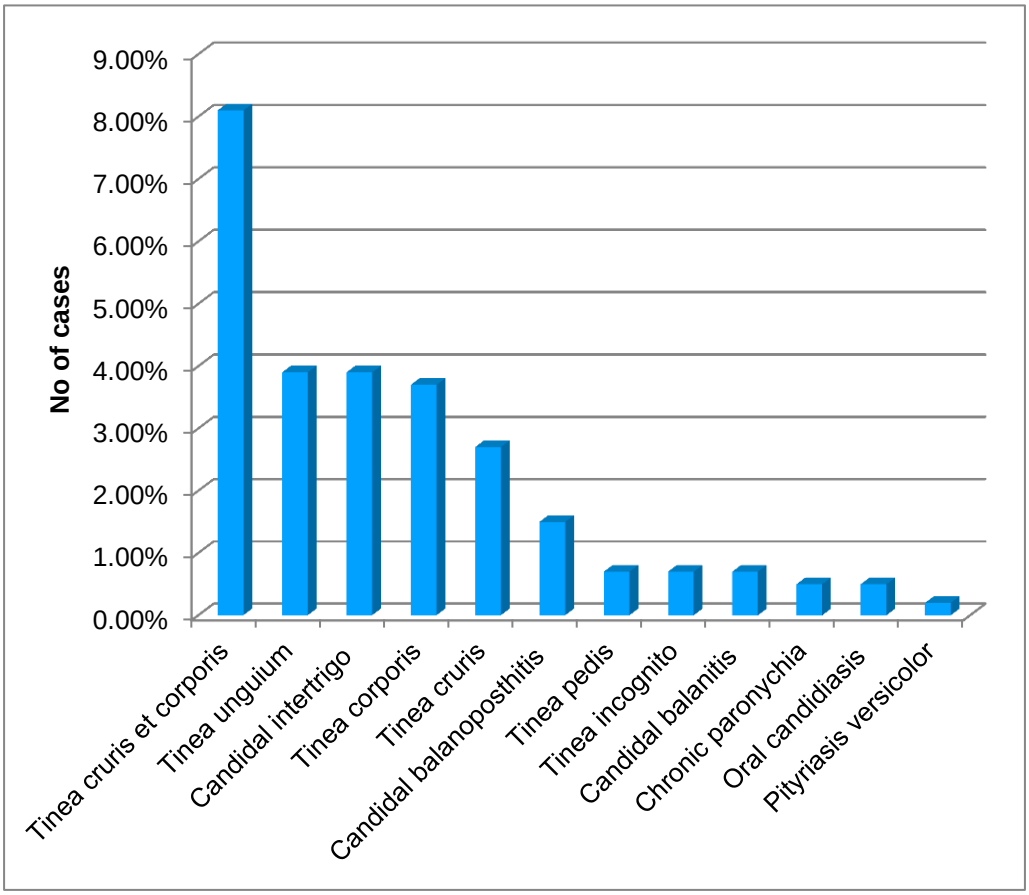

Figure 7: Distribution of different fungal infections

Table 8: Distribution of different viral infections (N=407)

Viral infection		
Diagnosis	**No. of cases**	**Percentage**
Herpes zoster	6	1.5%
Herpes genitalis	4	1.0%
Genital warts	3	0.7%
Herpes labialis	1	0.2%
Plantar warts	1	0.2%
Total	15	3.7%

Amongst 15 (3.7%) patients presenting with viral infection, maximum number of patients had herpes zoster infection 6 (1.5%) followed by 4 (1.0%) cases of herpes genitalis. Only 1 (0.2%) patient each presented with herpes labialis and plantar warts.

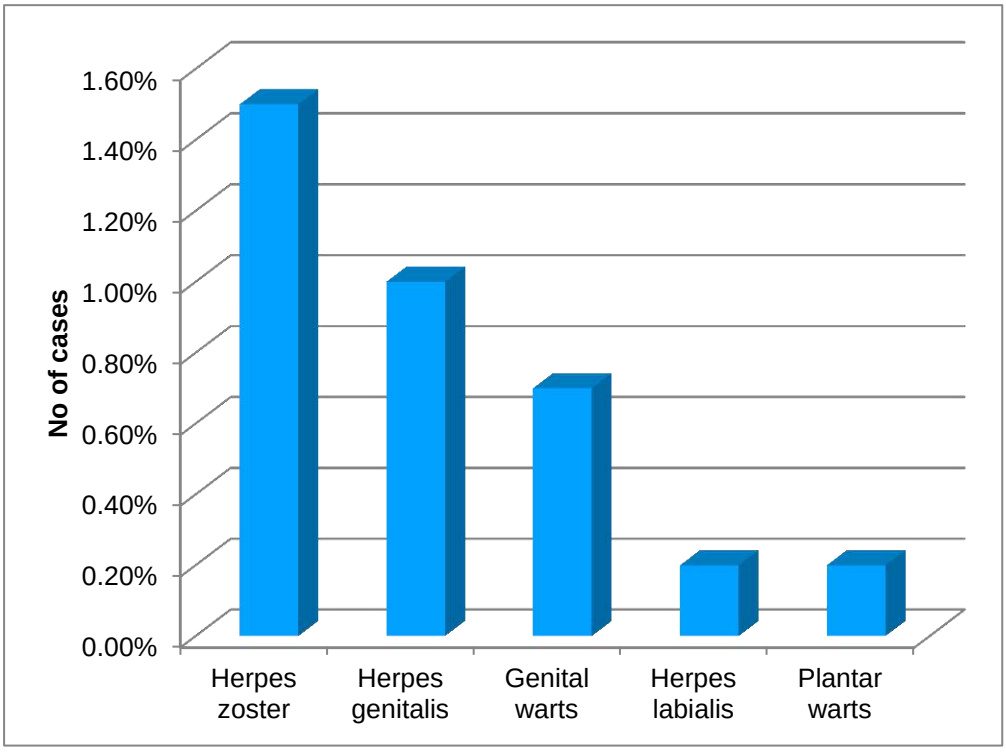

Figure 8: Distribution of different viral infections

Table 9: Distribution of different bacterial infections (N=407)

Bacterial infection		
Diagnosis	**No. of cases**	**Percentage**
Acute paronychia	4	1.0%
Folliculitis	3	0.7%
Furuncle	2	0.5%
Cellulitis	2	0.5%
Total	11	2.7%

Out of total cases of bacterial infection, 4 (1.0%) cases presented with acute paronychia followed by 3 (0.7%) cases of folliculitis. 2 (0.5%) cases presented with furuncle and cellulitis each.

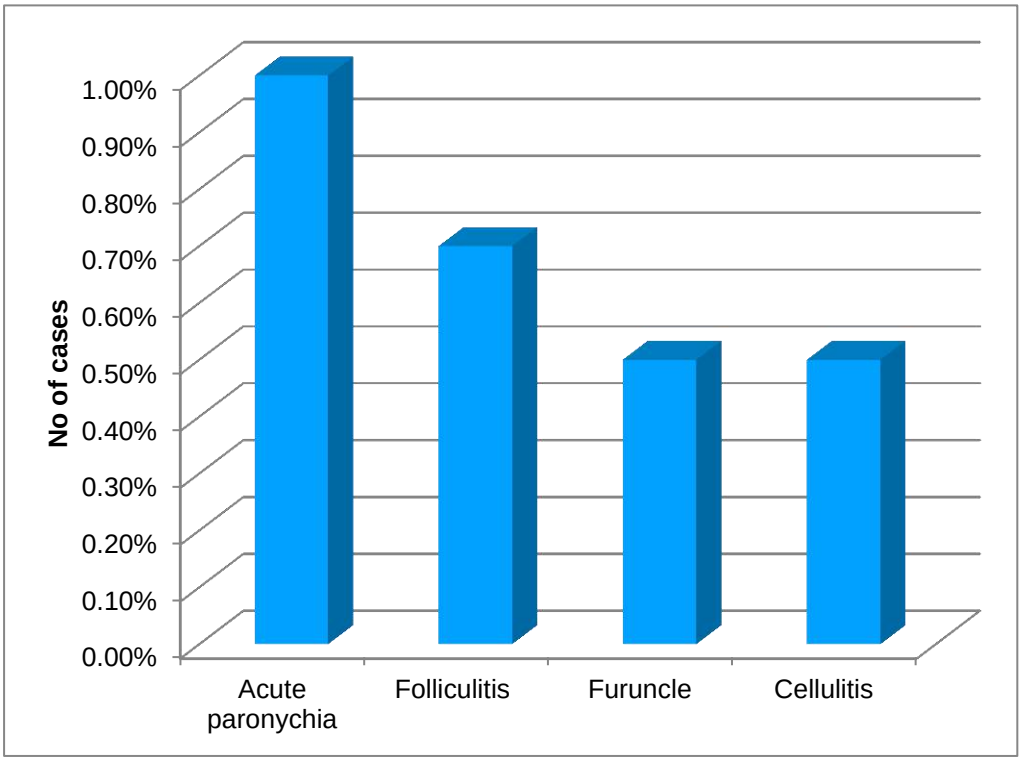

Figure 9: Distribution of different bacterial infections

Table10: Distribution of different eczematous dermatoses (N=407)

Eczematous disorders		
Diagnosis	**No. of cases**	**Percentage**
Asteatotic eczema	33	8.1%
Seborrhoea capitis	9	2.2%
Seborrheic dermatitis	8	2.0%
Discoid eczema	6	1.5%
Infectious eczematoid dermatitis	5	1.2%
Stasis dermatitis	4	1.0%
Pompholyx	2	0.5%
Contact dermatitis	2	0.5%
Fissured eczema	1	0.2%
Air-borne contact dermatitis	1	0.2%
Hand eczema	1	0.2%
Eyelid eczema	1	0.2%
Scrotal dermatitis	1	0.2%
Total	74	18.2%

In our study, 74 (18.2%) cases had eczematous dermatoses. Maximum number of patients had asteatotic eczema (8.1%) followed seborrhoea capitis (2.2%) and seborrheic dermatitis (2.0%). Fissured eczema, air-borne contact dermatitis, hand eczema, eyelid eczema and scrotal dermatitis were present in 0.2% patients each.

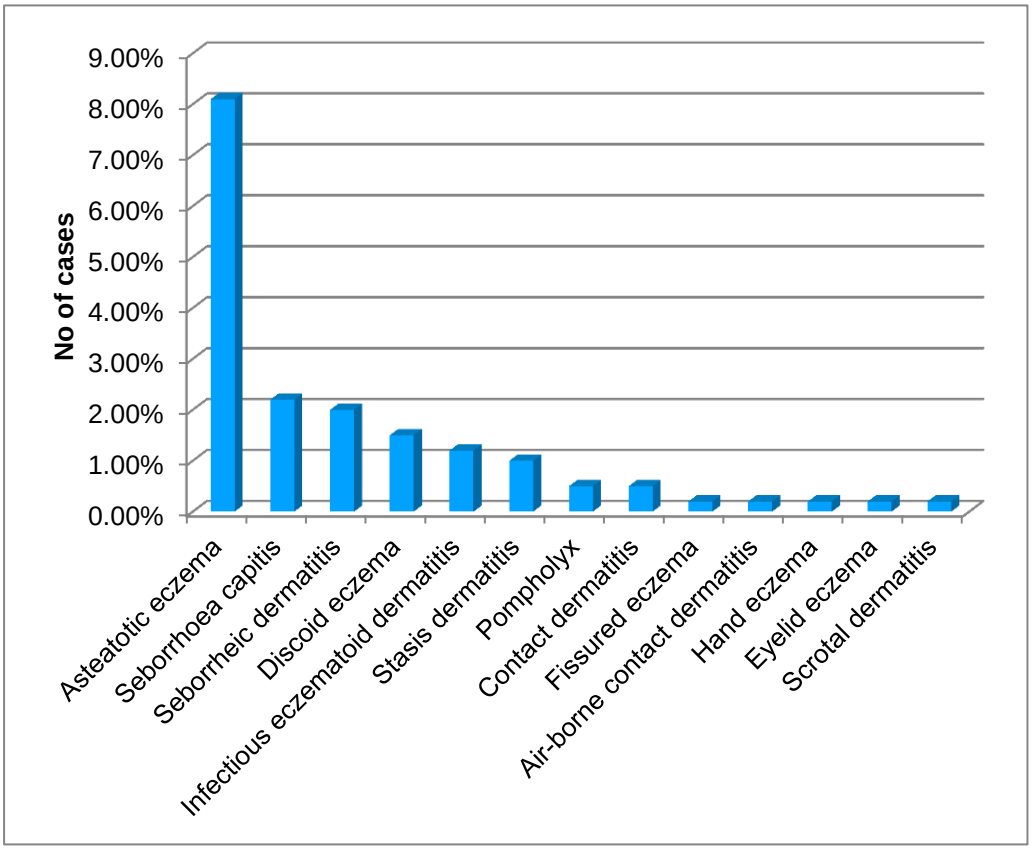

Figure 10: Distribution of different eczematous dermatoses

Table11: Distribution of different papulosquamous disorders (N=407)

Papulosquamous disorder		
Diagnosis	**No. of cases**	**Percentage**
Psoriasis vulgaris	14	3.4%
Oral lichen planus	12	2.9%
Lichen planus	6	1.5%
Lichen planus hypertrophicus	4	1.0%
Palmoplantar psoriasis	4	1.0%
Scalp psoriasis	3	0.7%
Psoriatic erythroderma	3	0.7%
Generalised pustular psoriasis	1	0.2%
Nail lichen planus	1	0.2%
Genital lichen planus	1	0.2%
Pityriasis rosea	1	0.2%
Total	50	12.3%

Out of total 50 (12.3%) cases of papulosquamous disorders, 25 (6.1%) cases had psoriasis and 24 (5.9%) cases had lichen planus followed by 1 (0.2%) case of pityriasis rosea. Amongst 25 psoriasis cases, 14 (3.4%) patients presented with psoriasis vulgaris followed by 4 (1.0%) cases of palmoplantar psoriasis. Out of 24 cases of lichen planus, 12 (2.9%) patients presented with oral lichen planus followed by 6 (1.5%) cases of lichen planus over body.

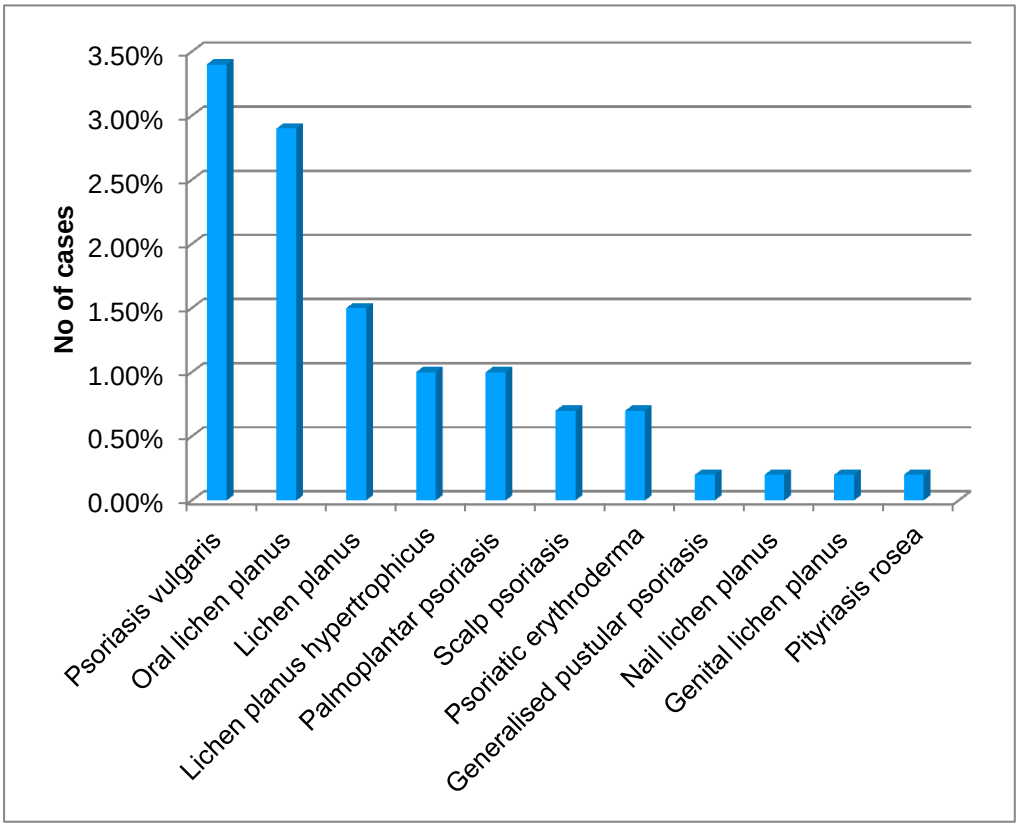

Figure 11: Distribution of different papulosquamous disorders

Table 12: Distribution of different vascular disorders (N=407)

Vascular disorder		
Diagnosis	**No. of cases**	**Percentage**
Cherry angioma	23	5.7%
Senile purpura	3	0.7%
Vasculitis	2	0.5%
Venous ulcer	1	0.2%
Arterial ulcer	1	0.2%
Livedoid vasculopathy	1	0.2%
Total	31	7.6%

In this study, there were 23 (5.7%) cases of cherry angioma out of total cases of vascular disorder. This figure is followed by 3 (0.7%) cases of senile purpura and 2 (0.5%) cases of vasculitis. One patient each had venous ulcer, arterial ulcer and livedoid vasculopathy.

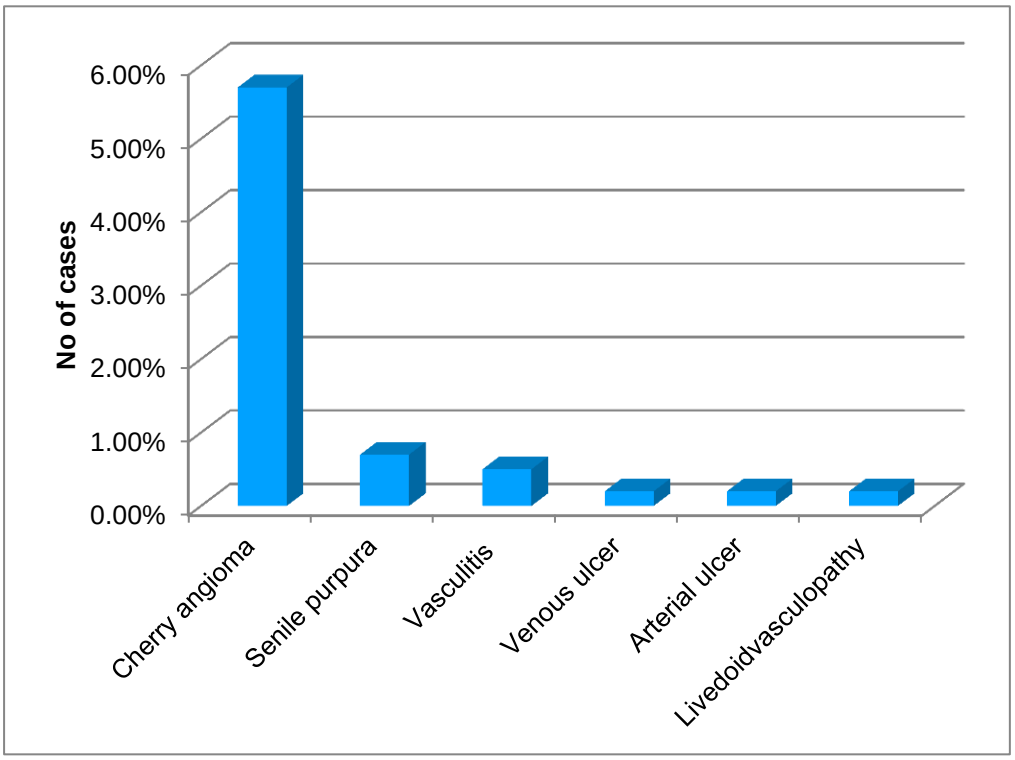

Figure 12: Distribution of different vascular disorders

Table 13: Distribution of different tumours and premalignant skin conditions (N=407)

Benign tumour		
Diagnosis	No. of cases	Percentage
Seborrhoeic keratosis	15	3.7%
Dermatosis papulosa nigra	8	2.0%
Jessner's lymphocytic infiltrate	1	0.2%
Malignant tumour		
Basal cell carcinoma	2	0.5%
Premalignant skin condition		
Leukoplakia	1	0.2%
Bowen disease	1	0.2%
Total	28	6.9%

Amongst 24 cases of benign tumour, seborrhoeic keratosis was present in 15 cases followed by 8 cases of dermatosis papulosa nigra. There were 2 cases of malignant tumour with both presenting as basal cell carcinoma. One patient each (0.2%) had premalignant skin condition that is leukoplakia and bowen's disease.

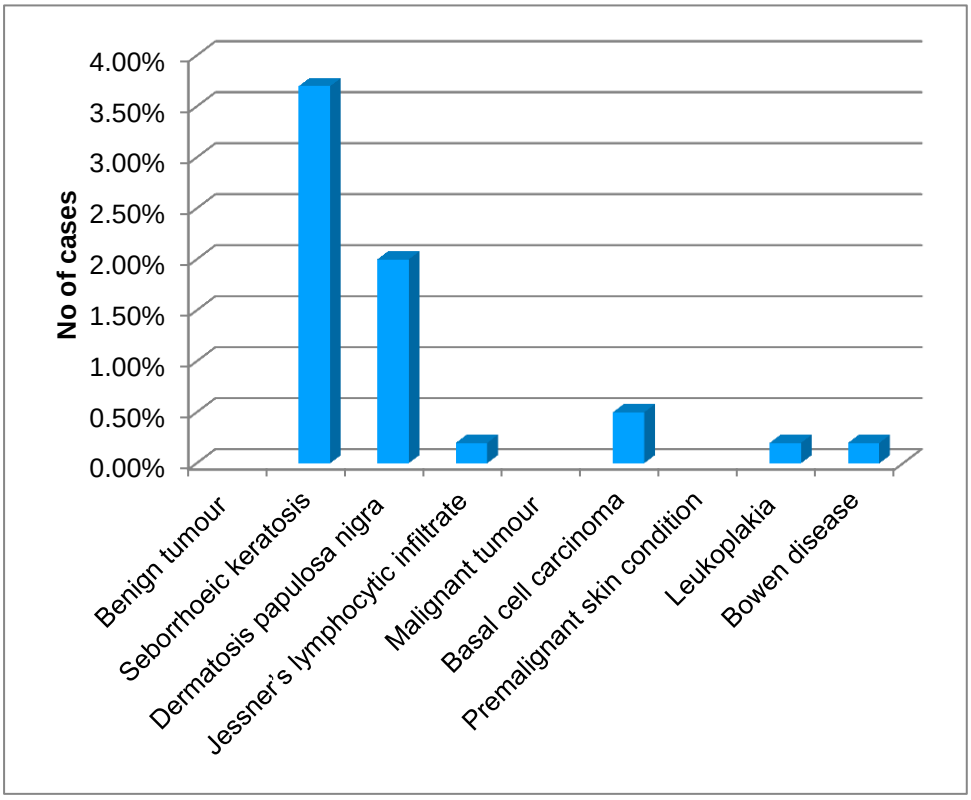

Figure 13: Distribution of different tumours and premalignant skin conditions

Table 14: Distribution of different immunobullous disorders (N=407)

Immunobullous disorder		
Diagnosis	**No. of cases**	**Percentage**
Bullous pemphigoid	10	2.5%
Pemphigus vulgaris	7	1.7%
Dermatitis herpetiformis	2	0.5%
Total	19	4.7%

Amongst 19 (4.7%) cases of immunobullous disorder, 10 (2.5%) cases presented with bullous pemphigoid followed by 7 (1.7%) cases of pemphigus vulgaris. There were 2 (0.5%) cases of dermatitis herpetiformis.

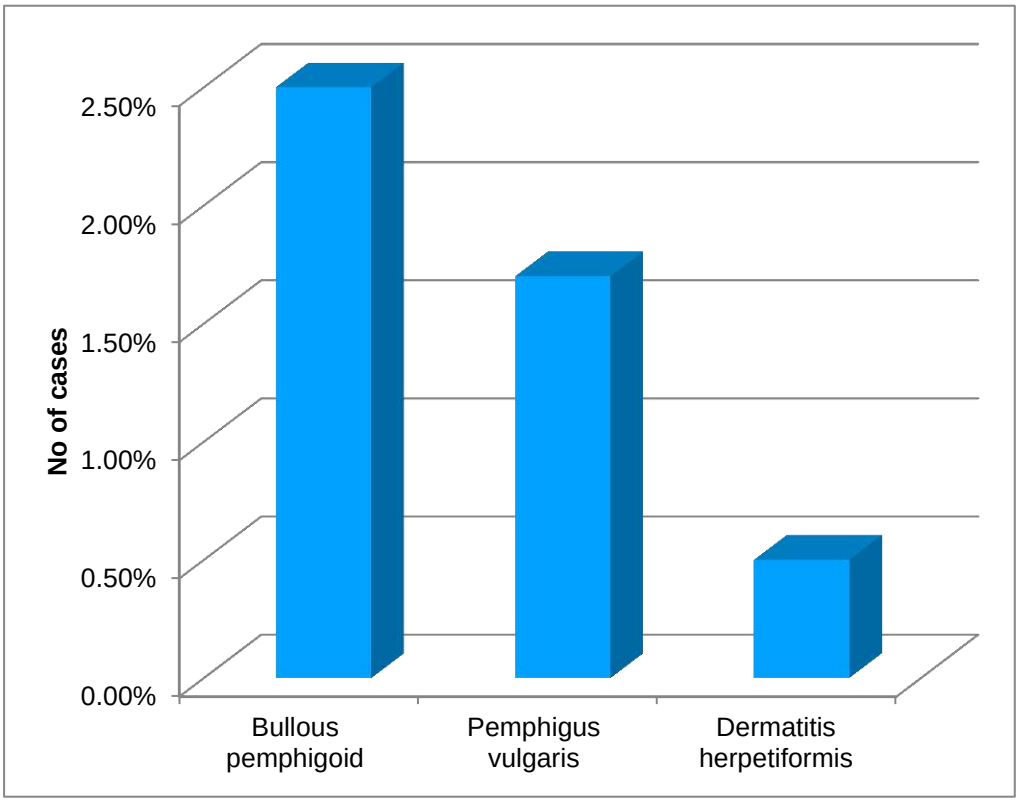

Figure 14: Distribution of different immunobullous disorders

Table 15: Distribution of different pigmentary disorders (N=407)

Pigmentary disorder		
Diagnosis	**No. of cases**	**Percentage**
Idiopathic guttate hypomelanosis	8	2.0%
Vitiligo vulgaris	5	1.2%
Total	13	3.2%

Out of pigmentary disorders, 8 (2.0%) cases had idiopathic guttate hypomelanosis and 5 (1.2%) patients had vitiligo vulgaris.

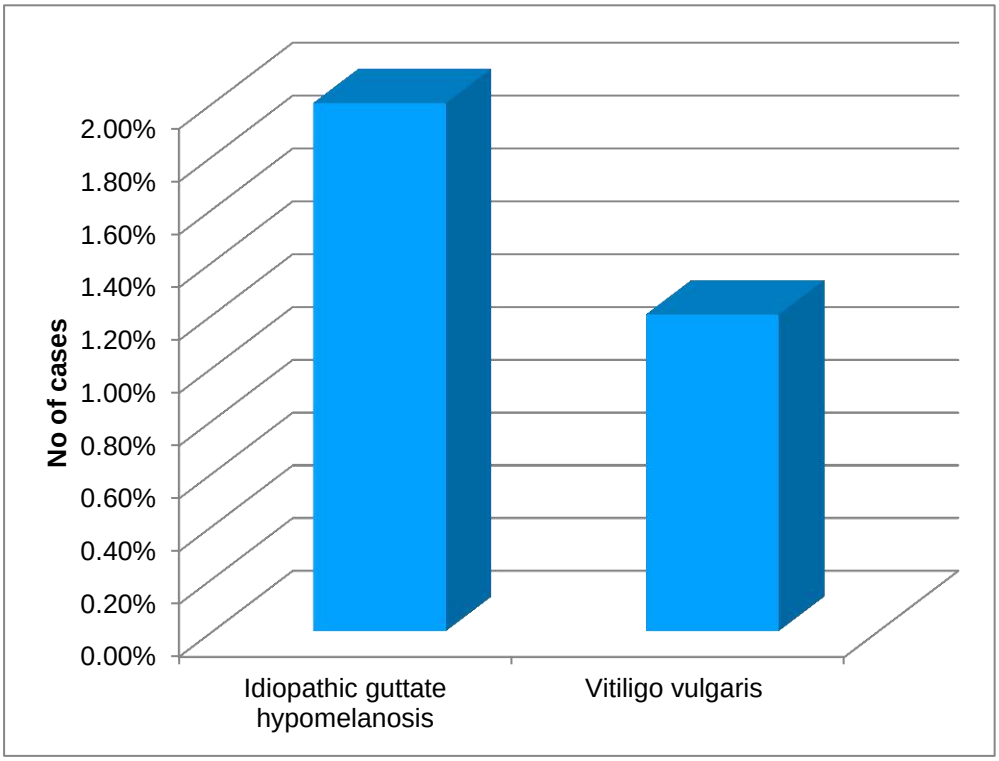

Figure 15: Distribution of different pigmentary disorders

Table 16: Distribution of different psychocutaneous disorders (N=407)

Psychocutaneous disorder		
Diagnosis	**No. of cases**	**Percentage**
Lichen simplex chronicus	9	2.2%
Prurigo nodularis	3	0.7%
Total	12	2.9%

9 (2.2%) patients presented with lichen simplex chronicus out of total 12 (2.9%) cases of psychocutaneous disorder and 3 (0.7%) cases had prurigo nodularis.

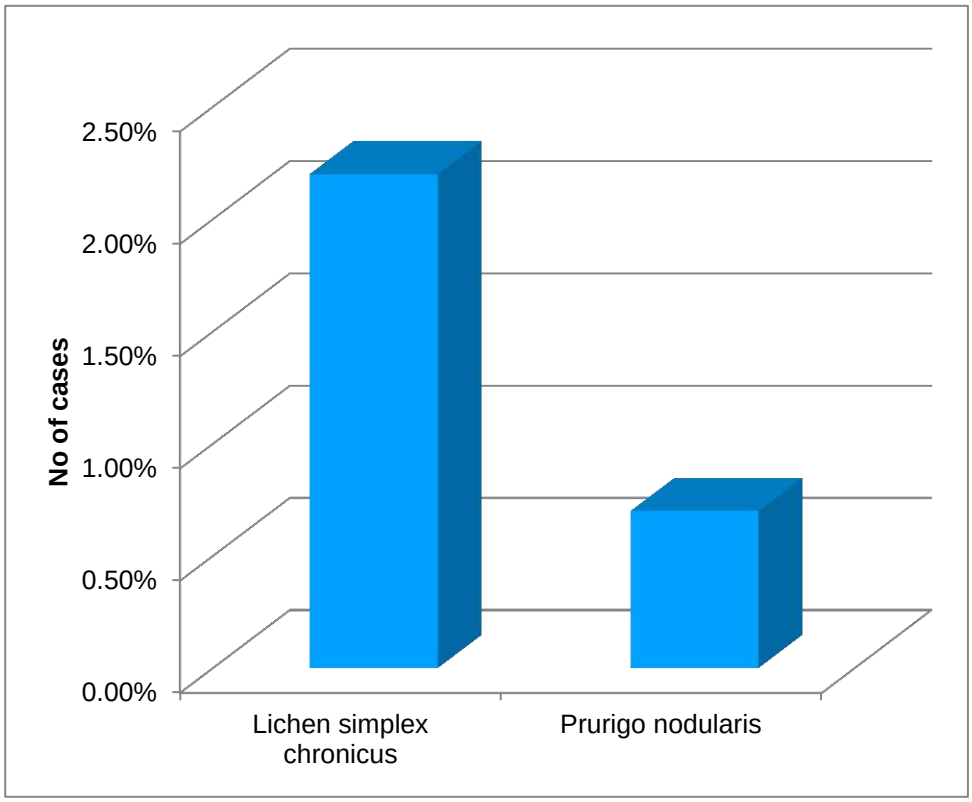

Figure 16: Distribution of different psychocutaneous disorders

Table 17: Distribution of different photodermatoses (N=407)

Photodermatoses		
Diagnosis	**No. of cases**	**Percentage**
Photocontact dermatitis	7	1.7%
Polymorphic light eruption	3	0.7%
Chronic actinic dermatitis	1	0.2%
Total	11	2.7%

In our study, 11 (2.7%) cases presented with photodermatoses, out of which 7 (1.7%) cases presented with photocontact dermatitis followed by polymorphic light eruption 3 (0.7%) and chronic actinic dermatitis 1 (0.2%) respectively.

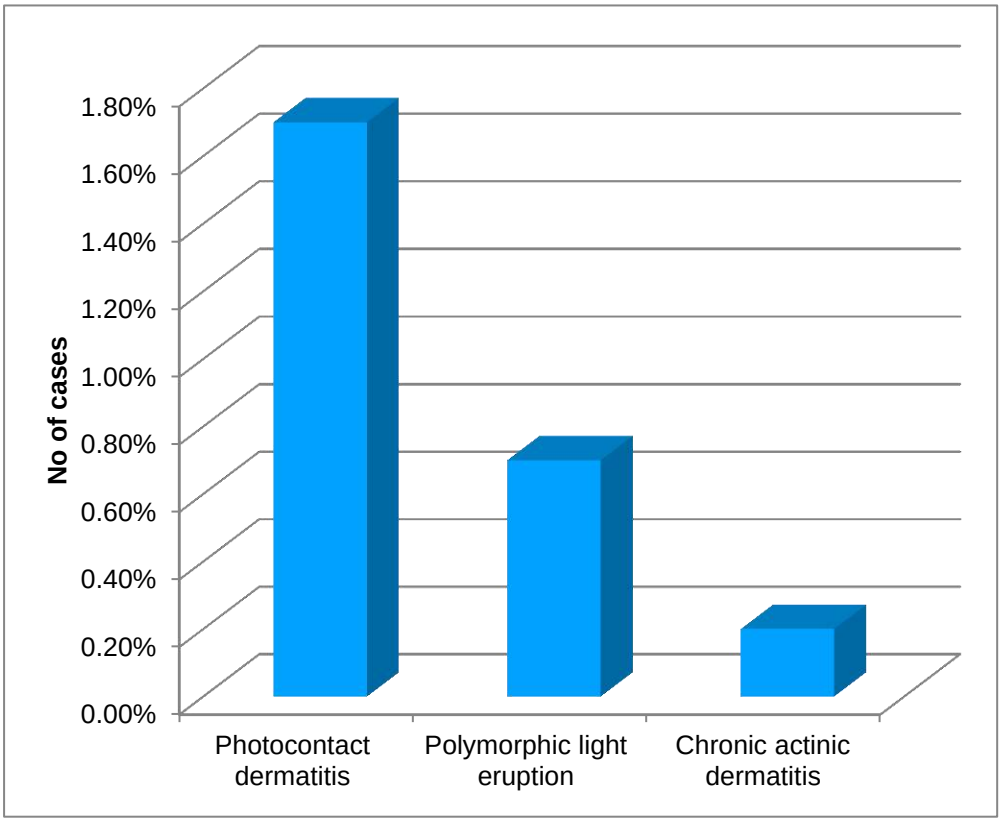

Figure 17: Distribution of different photodermatoses

Table 18: Distribution of different types of urticaria (N=407)

Urticaria		
Diagnosis	**No. of cases**	**Percentage**
Chronic idiopathic urticaria	7	1.7%
Acute urticaria	2	0.5%
Cholinergic urticaria	1	0.2%
Total	10	2.5%

Amongst spontaneous urticaria, there were 7 (1.7%) cases of chronic idiopathic urticaria and 2 (0.5%) cases of acute urticaria. 1 (0.2%) case of cholinergic urticaria was present amongst inducible urticaria.

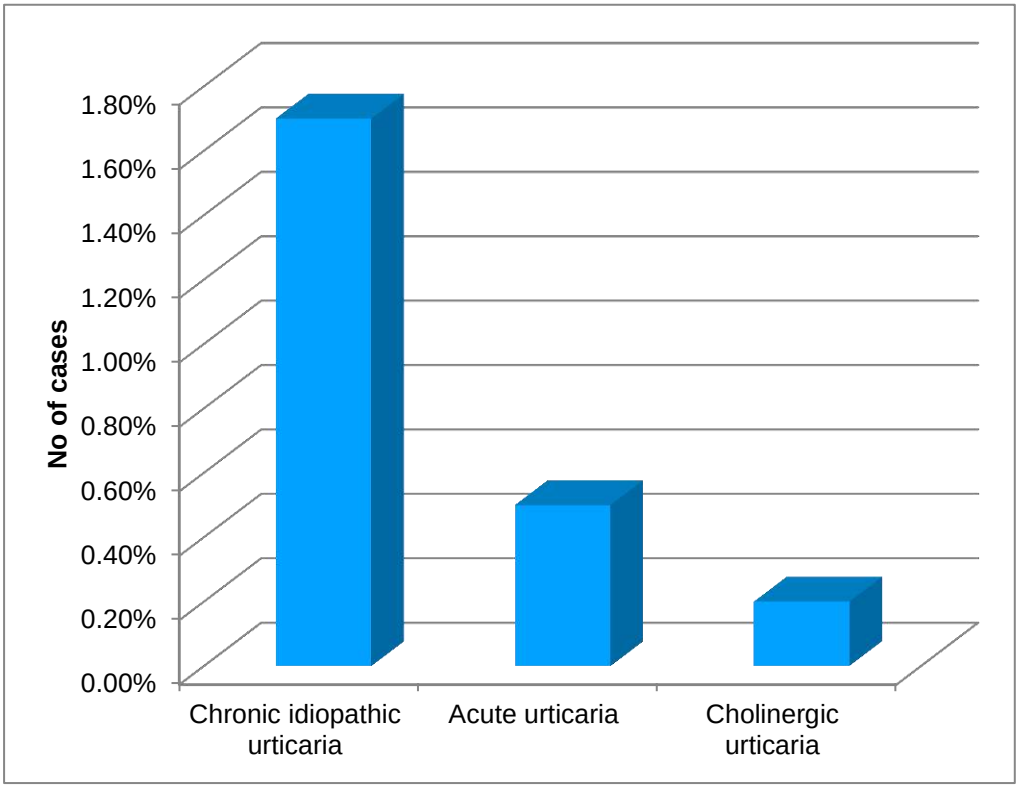

Figure 18: Distribution of different types of urticaria

Table 19: Distribution of different drug reactions (N=407)

Drug reaction		
Diagnosis	**No. of cases**	**Percentage**
Maculopapular rash	4	1.0%
Fixed drug eruption	2	0.5%
Steven-Johnson syndrome	1	0.2%
Angioedema	1	0.2%
Total	8	2.0%

In this study, there were 4 (1.0%) cases of maculopapular rash followed by 2 (0.5%) cases of fixed drug eruption. 1 (0.2%) case presented with steven-johnson syndrome and angioedema each.

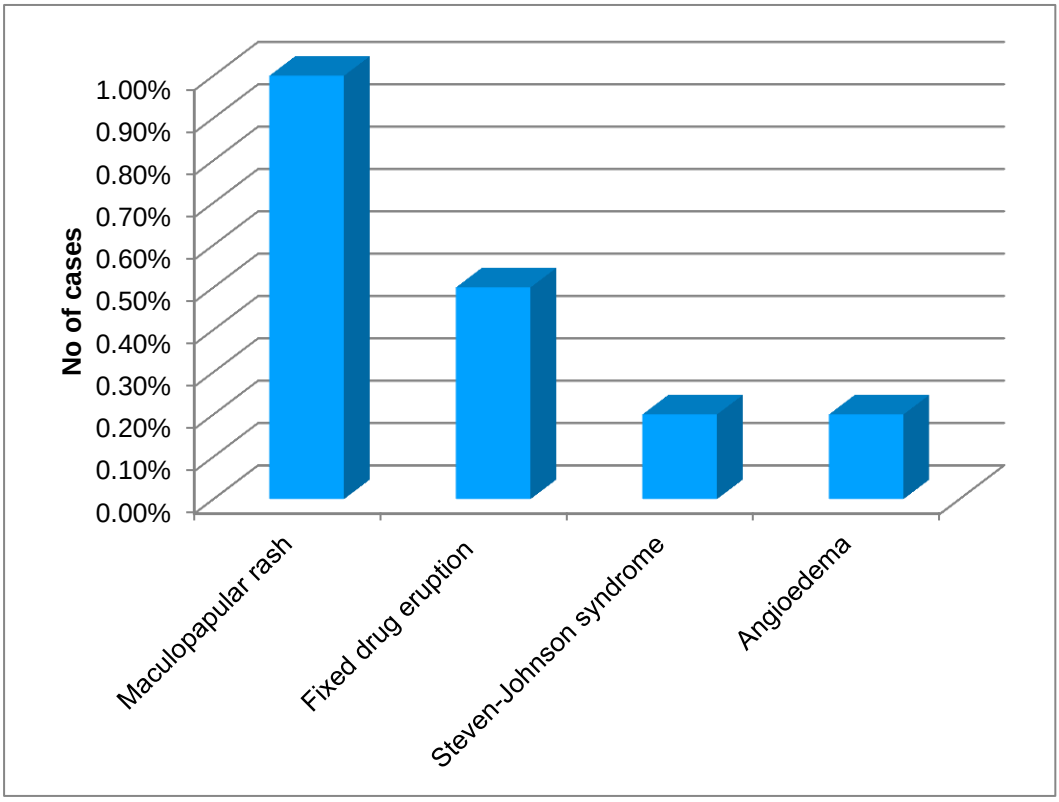

Figure 19: Distribution of different drug reactions

Table 20: Distribution of different hair disorder (N=407)

Hair disorder		
Diagnosis	**No. of cases**	**Percentage**
Alopecia areata	3	0.7%
Tellogen effluvium	2	0.5%
Total	5	1.2%

5 (1.2%) aged individual presented in our opd with some hair disorder. Out of these, 3 (0.7%) had alopecia areata and 2 (0.5%) had tellogen effluvium.

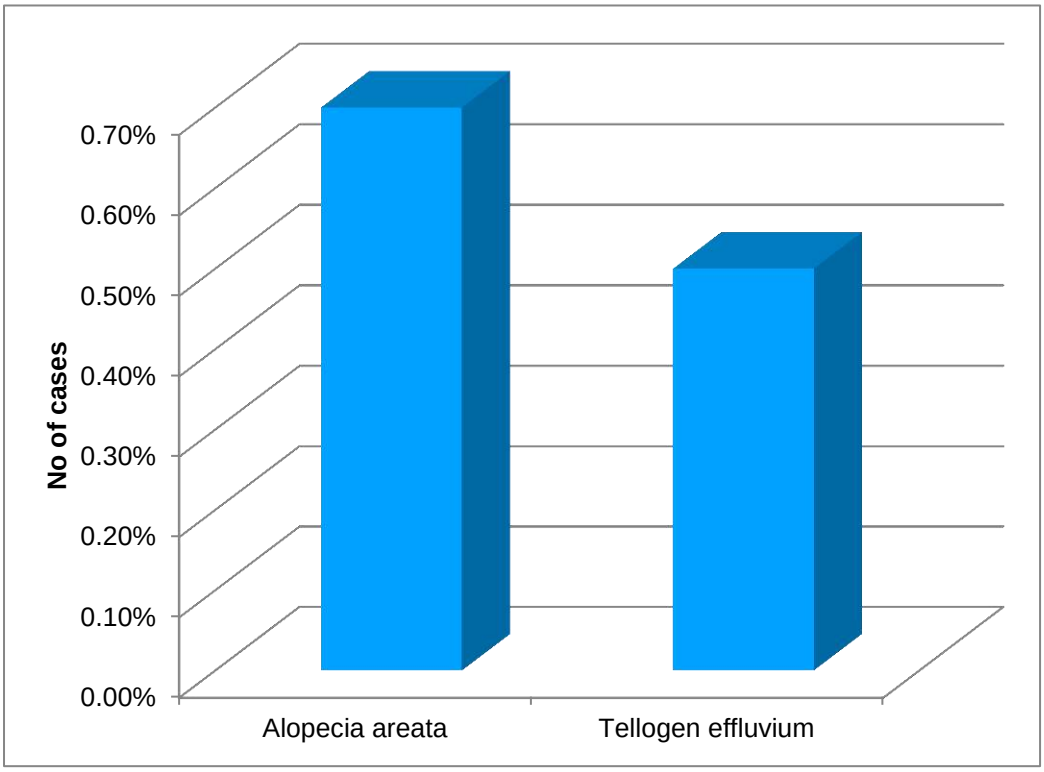

Figure 20: Distribution of different hair disorder

Table 21: Distribution of different keratinization disorders (N=407)

Keratinization disorder		
Diagnosis	**No. of cases**	**Percentage**
Acquired ichthyosis	3	0.7%
Plantar keratoderma	1	0.2%
Total	4	1.0%

Amongst keratinization disorder, 3 (0.7%) had acquired ichthyosis and 1 (0.2%) had plantar keratoderma.

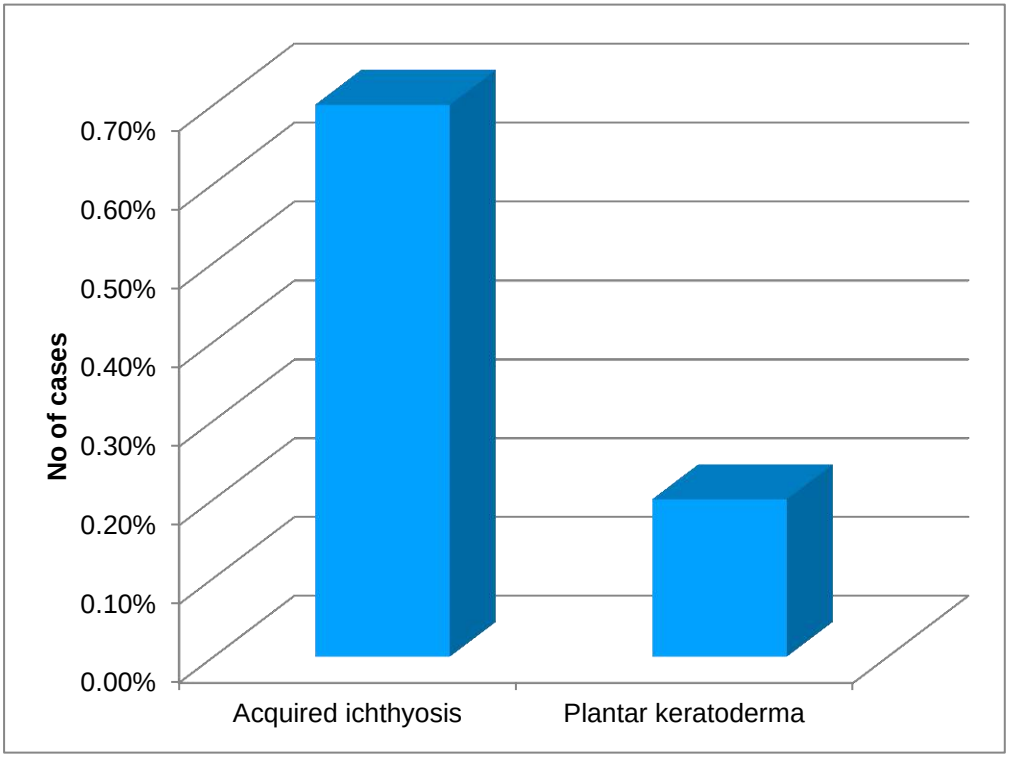

Figure 21: Distribution of different keratinization disorders

Table 22: Distribution of different connective tissue disorder (N=407)

Connective tissue disorder		
Diagnosis	**Number of dermatoses**	**Percentage**
Systemic sclerosis	1	0.2%
Disseminated DLE	1	0.2%
Total	2	0.5%

In our study, 2 (0.5%) cases had connective tissue disorder with 1(0.2%) case each of systemic sclerosis and disseminated DLE.

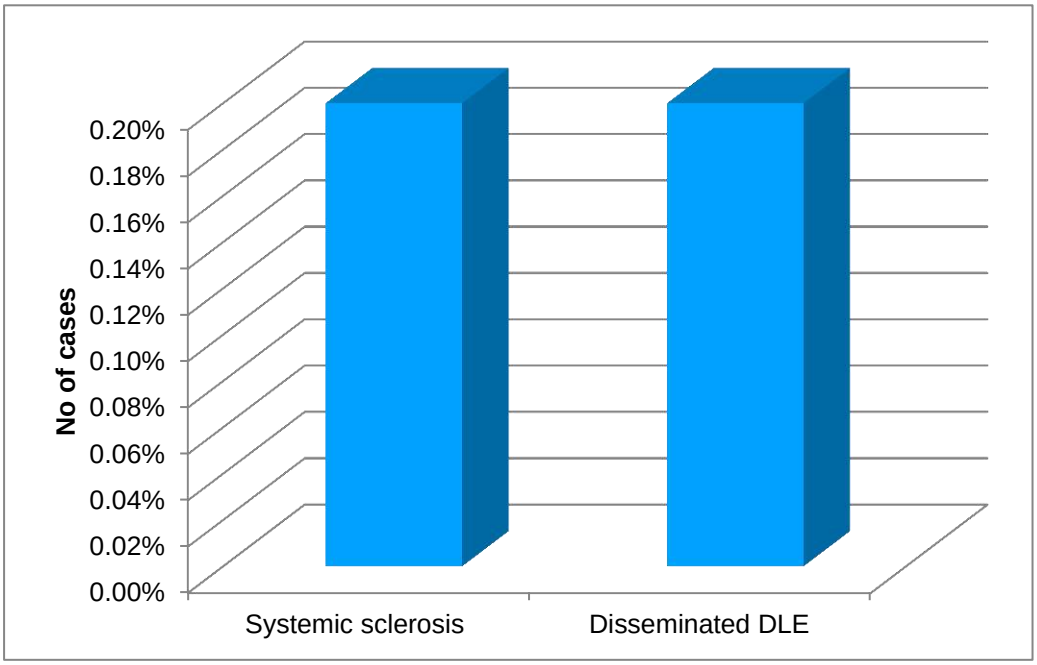

Figure 22: Distribution of different connective tissue disorder

Table 23: Distribution of different miscellaneous dermatoses (N=407)

Miscellaneous		
Diagnosis	**No. of cases**	**Percentage**
Xerosis	62	15.2%
Post herpetic neuralgia	7	1.7%
Amyloidosis	3	0.7%
Chill blain	2	0.5%
Zoon balanitis	2	0.5%
Lichen sclerosus et atrophicus	2	0.5%
Erythroderma	2	0.5%
Callosity	1	0.2%
Reactive perforating collagenosis	1	0.2%
Twenty nail dystrophy	1	0.2%
Milia	1	0.2%
Glossitis	1	0.2%
Mucositis	1	0.2%
Xanthelasma palpebrum	1	0.2%
Keloid	1	0.2%
Rhinophyma	1	0.2%
Senile comedones	1	0.2%
Sebaceous cyst	1	0.2%
Total	91	22.4%

In this study, 91 (22.4%) cases were categorised in the miscellaneous group. Out of which, 62 (15.2%) cases had xerosis followed by 7 (1.7%) cases of post herpetic neuralgia and 3 (0.7%) cases of amyloidosis.

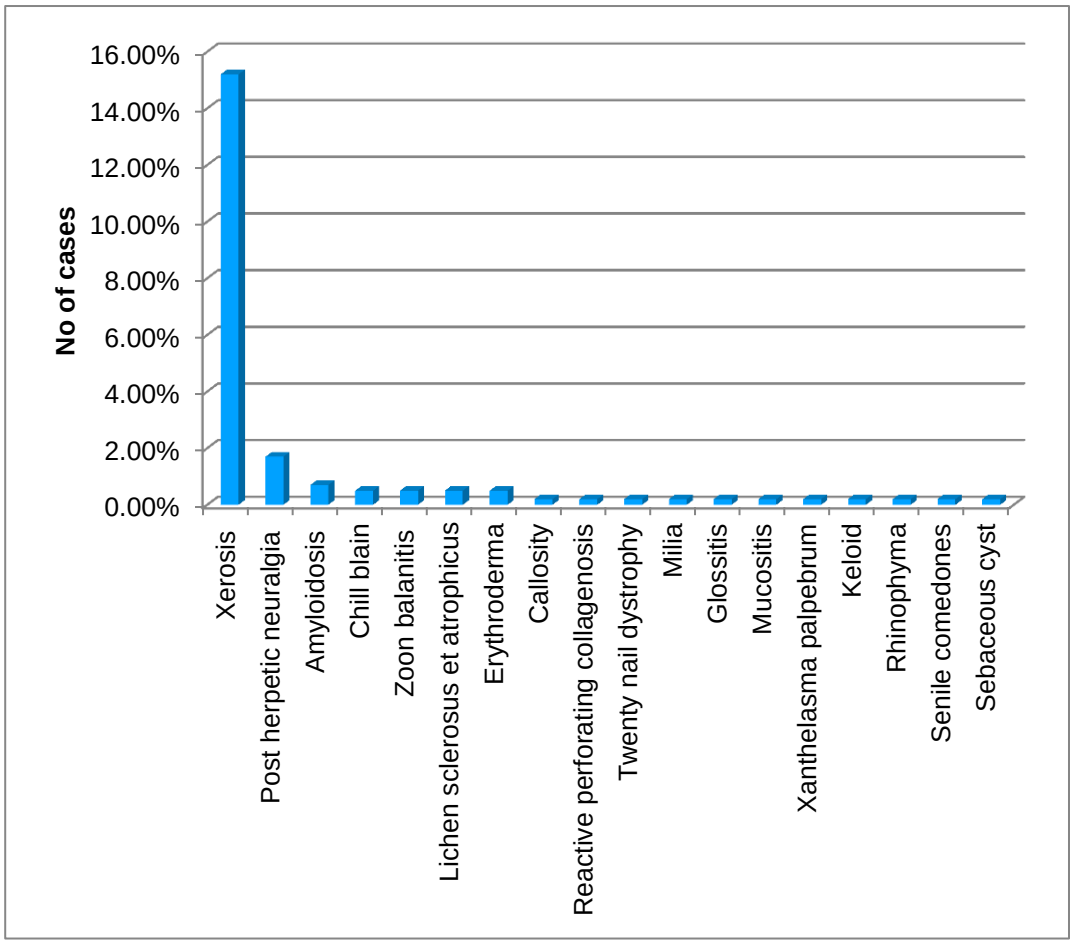

Figure 23: Distribution of different miscellaneous dermatoses

Table 24: Distribution of different disorders affecting oral cavity (N=407)

Disorders of oral cavity		
Diagnosis	**No. of cases**	**Percentage**
Oral lichen planus	12	2.9%
Oral candidiasis	2	0.5%
Mucositis	1	0.2%
Glossitis	1	0.2%
Total	16	3.9%

In disorders affecting oral cavity, maximum number of patients had oral lichen planus with 12 (2.9%) cases followed by 2 (0.5%) cases of oral candidiasis. Only 1 (0.2%) case presented with mucositis and glossitis each.

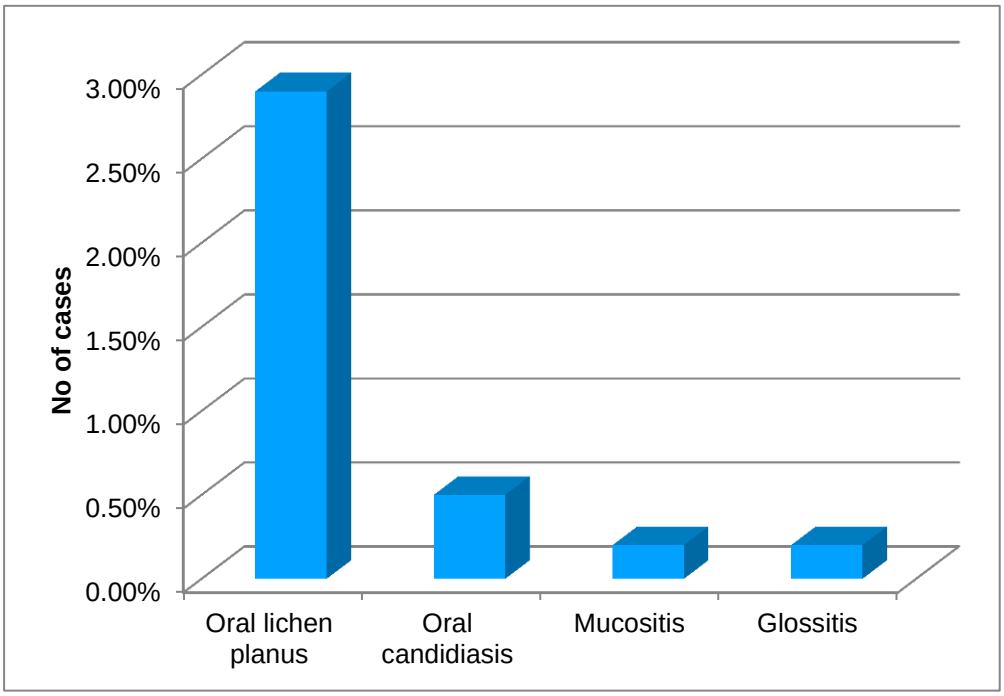

Figure 24: Distribution of different disorders affecting oral cavity

Table 25: Distribution of different genital disorders (N=407)

Genital disorder		
Diagnosis	**No. of cases**	**Percentage**
Candidal balanoposthitis	6	1.5%
Herpes genitalis	4	1.0%
Candidal balanitis	3	0.7%
Genital warts	3	0.7%
Zoon balanitis	2	0.5%
Lichen sclerosus et atrophicus	2	0.5%
Genital lichen planus	1	0.2%
Total	21	5.2%

Amongst genital disorders in geriatric population, 6 (1.5%) cases presented with candidal balanoposthitis followed by 4 (1.0%) cases of herpes genitalis. Genital lichen planus and vaginitis was present in 1 (0.2%) case each.

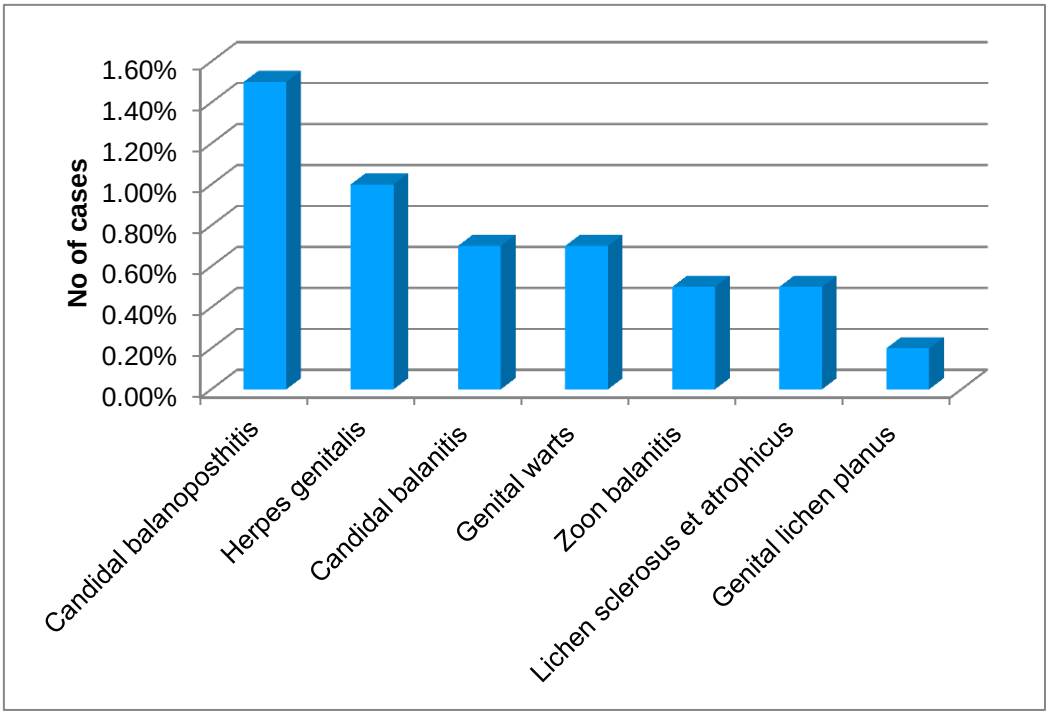

Figure 25: Distribution of different genital disorders

Table 26: Distribution of diseases associated with generalised pruritus (N=407)

Diseases associated with generalised pruritus		
Associated disease	**Number of cases**	**Percentage**
Diabetes mellitus	13	3.2%
Xerosis	10	2.5%
Chronic kidney disease	1	0.2%
Total	24	5.9%

28 (6.9%) cases presented with generalised pruritus out of all dermatoses. Out of these, 13 (3.2%) cases had diabetes followed by 10 (2.5%) cases of xerosis and 1 (0.2%) case of chronic kidney disease as an underlying disease with severe itching all over body.

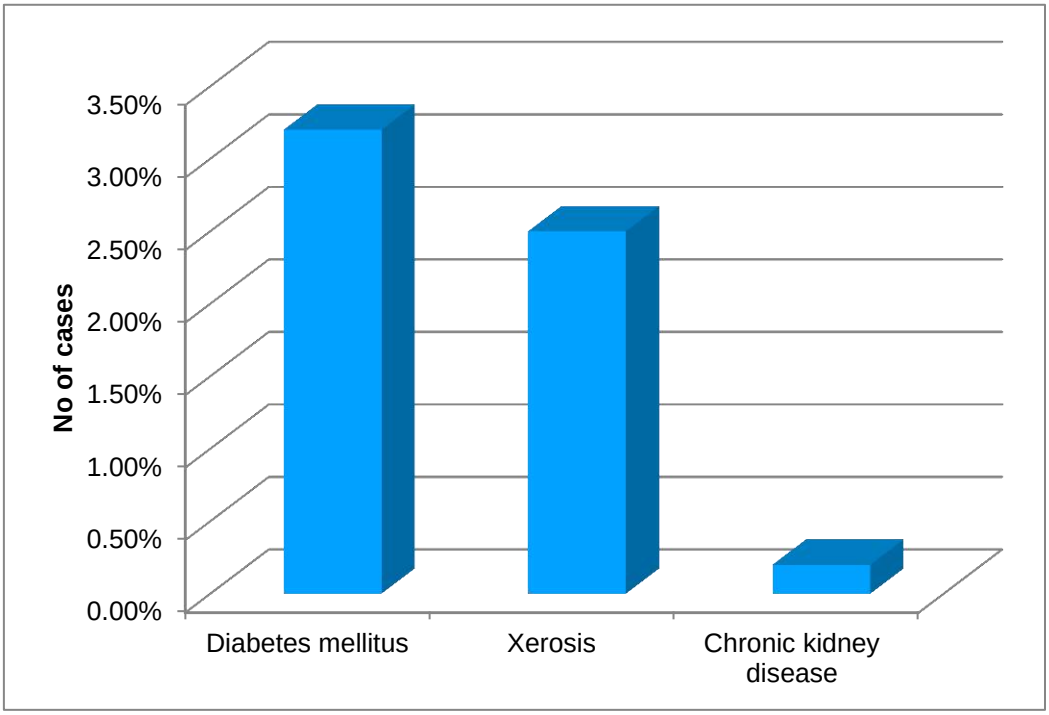

Figure 26: Distribution of diseases associated with generalised pruritus

Table 27: Distribution of associated systemic disorders (N=407)

Past history	No. of cases	Percentage
Hypertension	154	37.8%
Diabetes mellitus	105	25.8%
Coronary artery disease	32	7.9%
Bronchial asthma	17	4.2%
Chronic kidney disease	2	0.5%
Cerebrovascular attack	2	0.5%
Hypothyroidism	2	0.5%
Benign prostatic hypertrophy	2	0.5%
Total	316	77.6%

Out of 316 (77.6%) cases associated with some systemic disorders, 154 (37.8%) patients reported hypertension followed by diabetes in 105 (25.8%) cases and coronary artery disease in 32 (7.9%) cases.

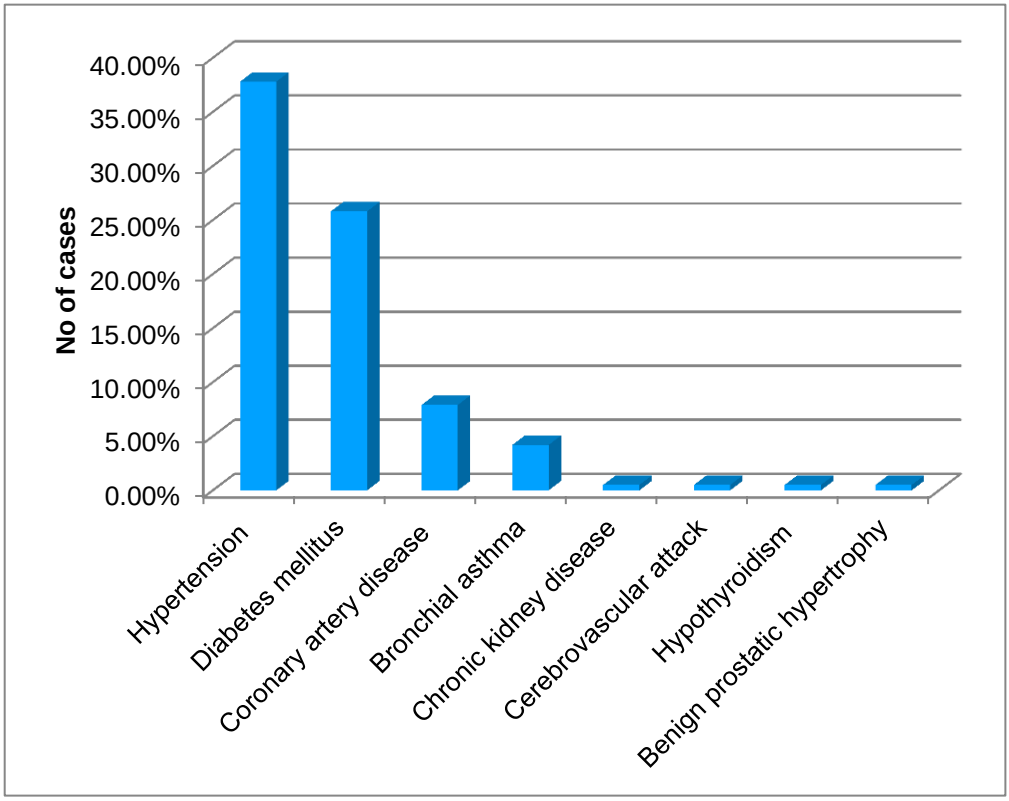

Figure 27: Distribution of associated systemic disorders

DISCUSSION

Ageing population is increasing day by day. Geriatric dermatoses are a difficult job for the physician in terms of identification, management, and followup. Since skin of the aged population goes through a lot of changes from both an intrinsic and extrinsic point of view, it's imperative for the physician to have a better understanding of the pathophysiology of geriatric skin disorders and their specific management, that differs slightly from an adult population.

According to the world health organisation, the global population of people aged more than or equal to 60 years old will reach 2 billions in 2050.[23] So, this study aimed to evaluate the pattern of geriatric dermatoses. Various physiological signs of ageing were also studied, which is an inescapable process.

GENDER DISTRIBUTION

In our study males (58.7%) outnumbered females (41.3%) with the M:F ratio of 1.4:1 which is comparable to the study done by Raveendra et al.[174]

AGE DISTRIBUTION

In our study, maximum patients were in the age group of 61-65 years (42.3%) followed by 71-75 years (21.4%) which is comparable to the study by Agarwal et al.[175] (41%). The mean age in our study was 68.78±6.25 years which is similar to studies by Raveendra et al.[174] (68) and El-Hamd et al.[176] (70.21±7.51)

ASSOCIATED SYSTEMIC DISORDERS

In our study 37.8% patients were hypertensive and 25.8% were diabetic which is similar to study conducted by Agarwal et al.[175] In contrast, El-Hamd et al.[176] observed 33.4% cases were diabetic and 7.92% were hypertensive.

In this study, 3.2% diabetics presented with generalised pruritus which is in agreement with study by Singh et al.[177]

DISTRIBUTION OF DIFFERENT DERMATOSES

In our study, fungal infections (27.3%) was the most common dermatosis followed by eczematous disorders (18.2%) which is similar to study by Agrawal et al.[178] In this study, fungal infections (30.5%) and eczematous dermatoses (23%) were more common in males which is similar to other studies. [179][178][180]

FUNGAL INFECTIONS

The rapidly growing elderly population has specific physiological characteristics, which makes it susceptible to colonization and subsequent infection due to fungal infections. Fungi are major causes of infections among hospitalized or immunocompromised elderly patients with serious underlying comorbidities and diseases.

In our study,maximum patients presented with dermatophytic infection (19.9%) followed by candidal infection (7.1%) and P. versicolor infection (0.2%) which was in agreement with study by Raveendra et al.[174], who observed dermatophytic infections (7.5) to be the most common followed by candidal (2.5%) and P. versicolor (1%) infections in that order. Similar findings were noted by Kshetrimayum et al.[181], that is dermatophytic (3.6%), candidal (1.6%) and P. versicolor (0.8%) infections.

VIRAL INFECTION

Viral infections, particularly herpes zoster, occur often in aged population secondary to impaired immune function. Management of viral infections in aged adults is complicated by factors like the infrequency or absence of common signs and symptoms of infection and adverse drug reactions.

Herpes zoster (1.5%) was the most common viral infection followed by herpes genitalis (1%) which is in concordance with studies by Talukdar et al.[182] and Raveendra et al.[174]

BACTERIAL INFECTION

Infections in the geriatric are quite different from infections in younger adults.

Superficial bacterial infections caused by staphylococcus and streptococcus are seen frequently due to change in skin architecture

and loss of barrier function caused by various physical factors, malnourishment, and nutritional deficiencies.

Among bacterial infection, acute paronychia (1%) was the most common clinical diagnosis followed by folliculitis (0.7%) and furuncle (0.5%) which is in contrast to the study by Talukdar et al.[182], who reported furuncle (1.4%) as the most common finding followed by carbuncle (0.3%).

ECZEMATOUS DERMATOSIS

Eczematous disorders occur in every age group, and the aged are no exception. It may be associated with changes in humidity and temperature, and dryness of skin will worsen it.

In our study, asteatotic eczema (8.1%) was mostly seen, which is comparable to the studies by El-Hamd et al.[176] and Kshetrimayum et al.[181]

PAPULOSQUAMOUS DISORDERS

Amongst papulosquamous disorders, psoriasis (3.4%) ranked the highest followed by lichen planus (2.9%). This is in agreement with study by Kshetrimayum et al.[181] with psoriasis (6%) as the most common dermatosis followed by lichen planus (4.4%). Similar findings were noted by Singh et al.[177], that is psoriasis and lichen planus in 5% and 2% patients respectively.

VASCULAR DISORDERS

The ageing process is usually related to increased vascular rigidity and decreased vascular compliance. Ageing alters the physiology of arterial vasculature. Arterial circulation stiffens and becomes less acquiescent, proximal arteries dilate, and carotid baroreceptors become less sensitive.

Cherry angioma (5.7%) was most common among vascular disorders with which is in agreement with study conducted by Agrawal et al.[178] (9%).

BENIGN TUMOURS AND PREMALIGNANT SKIN CONDITIONS

Skin cancer is a worldwide, rising clinical need in the aged population, with a gradual increase in incidence rates, morbidity and related medical costs. Skin cancer is a heterogeneous group of cancers

comprising melanoma and non-melanoma skin cancers, which mainly affect elderly patients.

Amongst benign tumours, seborrheic keratosis (3.7%) was most common finding followed by dermatosis papulosa nigra (2%) in our study. Similar findings were seen in the study conducted by El-Hamd et al.[176] and Agrawal et al.[178]

In our study, leukoplakia and bowen's disease were seen in 0.2% cases each among the premalignant conditions which is in agreement with study conducted by Kshetrimayum et al.[181], who found 1.2% patients with bowen's disease.

Basal cell carcinoma (0.5%) was the most common malignant tumour in our study which is in agreement with El-Hamd et al.[176] (1%) and Kshetrimayum et al (0.4%).[181]

IMMUNOBULLOUS DISORDERS

Autoimmune blistering disorders are a major cause of morbidity and mortality in the elderly population. Given the advancing age of the population, the incidence of these disorders, mainly bullous pemphigoid, is supposed to rise.

Among immunobullous disorders, bullous pemphigoid (2.5%) was the most common finding followed by pemphigus vulgaris (1.7%) in our study which is in contrast to study by Agrawal et al.[178], who found equal patients (1.33%) of bullous pemphigoid and pemphigus vulgaris whereas Talukdar et al.[182] observed predominance of cases of pemphigus vulgaris (2.2%) than bullous pemphigoid (0.6%).

PIGMENTARY DISORDERS

The skin in ageing population is subject to morphological change due to both intrinsic (skin tone, endogenous hormones, genetics) and extrinsic (chronic sun exposure, exogenous pigments, medications) factors. The broad spectrum of change incorporates both hypo- and hyperpigmentation. Inspite of the fact that cutaneous pigmentary disorders are common in younger population, certain disorders are more prevalent in the aged population.

In our study, idiopathic guttate hypomelanosis (2%) was the most common dermatosis followed by vitiligo vulgaris (1.2%) which is in

contrast to the study by El-Hamd et al.[176], who found 3% patients with vitiligo vulgaris whereas 0.5% had idiopathic guttate hypomelanosis.

PSYCHOCUTANEOUS DISORDERS

Lichen simplex chronicus (2.2%) was most common among psychocutaneous disorders which is in agreement with Kshetrimayum et al.[181]

PHOTODERMATOSES

Several photodermatoses specifically affect the elderly, and many others continue into old age.

Our study noted photocontact dermatitis (7%) as the most common photodermatoses followed by polymorphic light eruption (3%) and chronic actinic dermatitis (1%) which is in contrast to the study conducted by Kshetrimayum et al.[181], who observed chronic actinic dermatitis (1%) as the most common presentation followed by polymorphic light eruption (1.6%).

URTICARIA

Chronic idiopathic urticaria (1.7%) was most common among urticarial disorders which is in agreement with studies by El-Hamd et al.[176] (1.7%) and Singh et al.[177] (2%).

DRUG REACTIONS

The changes related to age in drug disposition and pharmacodynamic responses have significant clinical implications; increased use of a number of medications raises the risk that medicine-related problems may occur.

Our study had maculopapular rash (4%) as the most common among drug reactions followed by fixed drug eruption (2%) which is in contrast to the study conducted by Kshetrimayum et al.[181] with fixed drug eruption (0.8%) as the most common among drug reactions.

HAIR DISORDERS

The aging of the skin and its appendages is a complicated phenomenon consisting of genetic, immune, endocrinological and environmental factors add up to free radicals generation. There is reduction of the number of keratinocytes, fibroblasts, and of the vascular network, significantly around hair bulbs and glands, resulting

in decrease in hair growth. The number of hair follicles, diameter of hair and the rate of growth, all are affected by increasing age.

Alopecia areata (0.7%) was most common dermatosis followed by tellogen effluvium (0.5%) among hair disorders which is in agreement with study conducted by Kshetrimayum et al.[181]

CONNECTIVE TISSUE DISEASE

Connective tissue disorders are a wide range of heterogeneous diseases characterised by immune-mediated chronic inflammation often leading to tissue damage, collagen deposition and likely loss of function of the target organ.

In the elderly population, the prevalence of connective tissue diseases continues to rise due to both longer life expectancy and more effective and better-tolerated treatments. In the aged population, they are almost consistently accompanied by age-related comorbidities, and disease- and treatment-related complications, which contribute to the significant morbidity and mortality associated with these conditions, and complicate treatment decision-making.

Systemic sclerosis and discoid lupus erythematosus were seen in 0.2% cases each which is in contrast to the study by Kshetrimayum et al.[181], who observed discoid lupus erythematosus in 2.8% patients followed by systemic sclerosis in 0.8% patients.

MISCELLANEOUS DISORDERS

Xerosis, or dryness of the skin, is the most common skin disorder in the aged population. There is increased transepidermal water loss, reduced sebum and sweat production, and decreased natural moisturizing factor, all lead to skin dryness.

Xerosis (15.2%) was most common disorder among miscellaneous disorders which is similar to studies by El-Hamd et al.[176] (9.7%) and Talukdar et al.[182] (9.7%).

SUMMARY AND CONCLUSION

The present study was conducted to study the pattern of geriatric dermatoses for one year. A total of 407 patients of age greater than 60 years were evaluated and detailed dermatological history and examination was carried out. The observation and results were tabulated and graphically represented. The summary of observations is as follows:

- Males constituted 58.7% of patients while females constituted 41.3% of patients.
- The majority of patients were in 61-65 years age group (42.3%). Mean age was 68.78±6.25 years.
- Maximum number of patients were homemaker (35.4%) followed by retired (26.8%) patients.
- Fungal infections (27.3%) were the most common dermatosis followed by eczematous disorders (18.2%).
- Fungal infections and eczematous disorders were more common in males.
- Tinea cruris et corporis (8.1%) was the most common dermatosis among fungal infections followed by 3.9% cases of tinea unguium.
- Herpes zoster was observed in 1.5% cases as the most common viral infection followed by herpes genitalis (1.0%).
- Out of total bacterial infections, acute paronychia (1.0%) was the most common dermatosis followed by folliculitis (0.7%).
- Asteatotic eczema (8.1%) was the most common eczematous disorder followed by seborrhoea capitis (2.2%).
- Psoriasis vulgaris (3.4%) was the commonest dermatosis among papulosquamous disorders followed by oral lichen planus (2.9%).
- Out of vascular disorders, cherry angioma was observed in 5.7% cases followed by senile purpura (0.7%).
- Most common benign tumour was seborrhoeic keratosis (3.7%) followed by dermatosis papulosa nigra (2.0%).
- Basal cell carcinoma (0.5%) was the only malignant tumour.

- Leukoplakia and Bowen's disease were equal in number (0.2%) among premalignant skin conditions.
- Bullous pemphigoid was present in 2.5% cases out of total immunobullous disorders followed by pemphigus vulgaris (1.7%).
- Amongst pigmentary disorders, idiopathic guttate hypomelanosis (2.0%) was most common followed by vitiligo vulgaris (1.2%).
- 2.2% cases presented with lichen simplex chronicus out of total psychocutaneous disorders which was followed by 0.7% cases of prurigo nodularis.
- Out of total photodermatoses, there were 1.7% cases of photocontact dermatitis followed by polymorphic light eruption (0.7%).
- Chronic idiopathic urticaria (1.7%) was most common among different types of urticaria followed by acute urticaria (0.5%).
- Most common dermatosis associated with adverse drug reaction was maculopapular rash (1.0%) followed by fixed drug eruption (0.5%).
- Alopecia areata (0.7%) was the most common hair disorder followed by 0.5% cases of tellogen effluvium.
- There were 0.7% cases of acquired ichthyosis as the most common keratinization disorder followed by plantar keratoderma (0.2%).
- There were equal number (0.2%) of cases of systemic sclerosis and disseminated discoid lupus erythematosus among connective tissue disorders.
- Amongst the category of miscellaneous disorders, xerosis (15.2%) was the most common dermatosis.
- Most common disorder affecting oral cavity was oral lichen planus (2.9%) cases followed by oral candidiasis (0.5%).
- Candidal balanoposthitis (1.5%) was the most common dermatosis affecting genital mucosa followed by herpes genitalis (1.0%).

- Diabetes mellitus (3.2%) was the most common etiological factor associated with generalised pruritus followed by 2.5% cases of xerosis.
- Hypertension (37.8%) was the most common associated systemic disorder followed by diabetes mellitus (25.8%).

CONCLUSION

- Due to longer life expectancy, geriatric population is increasing thus it needs greater attention. There are many dermatoses which are common in geriatric population due to related intrinsic and extrinsic factors which are further aggravated by systemic diseases. By knowing the pattern of geriatric dermatosis, we will be able to detect and treat these cases as early as possible and also will be able to prevent the complications related to the geriatric dermatosis.

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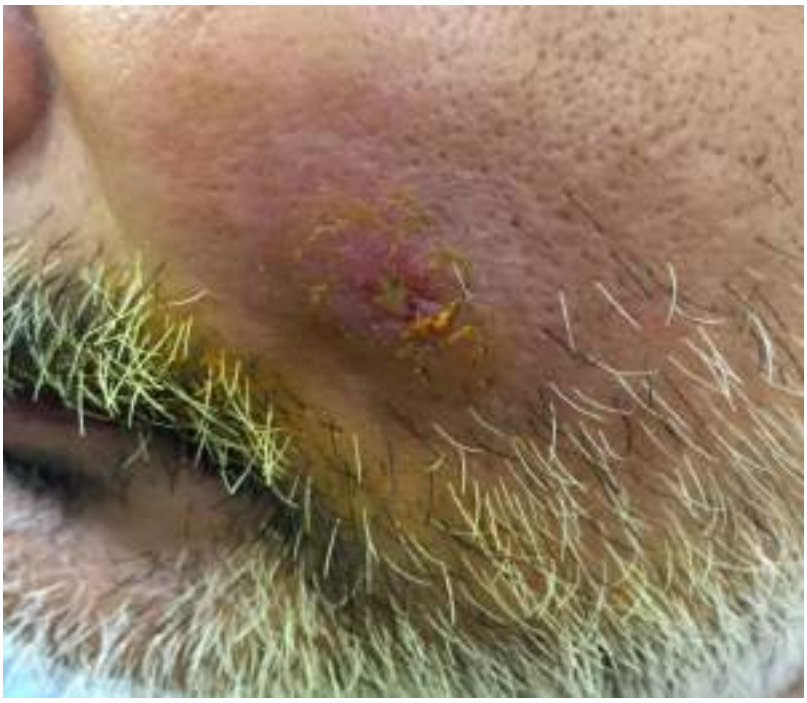
TINEA CORPORIS

FOLLICULITIS

FURUNCLE



HERPES GENITALIS

HERPES ZOSTER

PSORIASIS VULGARIS

ORAL LICHEN PLANUS

RHINOPHYMA

SEBORRHEIC DERMATITIS

ASTEATOTIC ECZEMA

CHRONIC ACTINIC DERMATITIS

VITILIGO VULGARIS

BULLOUS PEMPHIGOID

SEBORRHEIC KERATOSIS

BASAL CELL CARCINOMA

IDIOPATHIC GUTTATE HYPOMELANOSIS

CHERRY ANGIOMA

SENILE ECCHYMOSIS

SENILE COMEDONES

KEY TO MASTER CHART

BA	Bronchial asthma
BPH	Benign prostatic hyperplasia
CAD	Coronary artery disease
CKD	Chronic kidney disease
CLL	Chronic lymphocytic leukaemia
CVA	Cerebrovascular accident
DIF	Direct immunofluorescence
DLE	Discoid lupus erythematosus
F	Female
HPE	Histopathological examination
LL	Lower limb
M	Male
N	No
TB	Tuberculosis
UL	Upper limb
w	Week
yr	Year
Y	Yes

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
1	103172	YP	65	M	Self employed	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	4	Patchy hair loss	-	-	-	-
2	111057	GK	61	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	48	-	Itching	-	-	-
3	114517	DS	65	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	28	Hyperpigmented, hypertrophic violaceous plaques	Itching	-	-	-
4	117147	DG	81	M	Self employed	Married		-	Y	-	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
5	121652	BP	73	M	Agriculture	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	0.428	Fluid filled grouped vesicles in zosteriform pattern	Pain	-	-	-
6	125984	KK	62	F	Homemaker	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	8	-	Diffuse hairfall	-	-	-
7	127112	MK	78	F	Homemaker	Widow	-	-	-	Y	-	-	-	-	-	-	-	-	-	1	Erythema and oedema over nail folds	Pain	-	-	-
8	130542	AK	73	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	1	Yellowish papules with surrounding erythema	Pain	-	-	-
9	133342	VK	68	M	Self employed	Widow	-	-	-	-	-	-	-	-	Y	-	-	-	-	12	Hyperpigmentation, maceration and pustules	Itching	Sweating	-	-
10	135740	SP	63	M	Retired	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	12	Hyperpigmentation, maceration and pustules	Itching	-	-	-
11	135954	DS	72	M	Retired	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	1	Erythema and oedema	Pain	Hand washing	-	-
12	136576	MS	61	M	Self employed	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	8	Hyperpigmentation and maceration	Itching	Sweating	-	-
13	138175	GS	70	M	Retired	Married	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	2	-	Itching	-	-	-
14	138750	PK	72	F	Homemaker	Married	-	-	-	-	-	-	Y	-	-	-	-	-	-	96	Hyperkeratotic swelling	Pain	Tight shoes	-	-
15	141215	AS	64	M	Retired	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	1	Erythematous papules	Itching	-	-	-
16	141279	DS	64	M	Agriculture	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	96	Violaceous papules	Itching	-	-	-
17	144553	SS	65	M	Self employed	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Hyperpigmentation and scaling	Itching	-	-	-
18	147549	AR	83	M	Retired	Widow	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	8	Hyperpigmentation and maceration	Itching	-	-	-
19	151834	SR	65	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
20	152486	SS	63	F	Retired	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	12	White lacy pattern	Burning sensation	Spicy food	-	-
21	156362	SS	67	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	4y	-	Itching	-	-	-
22	159320	BV	77	M	Self employed	Widow	-	-	-	-	-	-	-	-	-	-	Y	-	-	84	Hyperpigmented papules	-	-	-	-
23	162383	NS	66	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	Y	-	-	3	Erythema and oedema	Pain	Tight clothing	-	-
24	168391	KD	73	F	Homemaker	Widow	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmentation and scaling	Itching	-	-	-
25	169599	GK	72	F	Retired	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	48	-	Itching	-	-	-
26	171499	GR	78	M	Retired	Married	-	-	-	-	Y	-	-	Y	-	-	-	-	-	24	Hyperpigmented annular scaly plaques	Itching	-	-	-
27	174736	BR	61	M	Self employed	Married	-	-	-	-	-	-	-	-	-	Y	Y	-	-	4	Filliform papules	-	-	-	-
28	186072	SS	71	M	Retired	Married	-	Y	Y	-	-	-	-	-	-	-	-	-	-	2m	Well-defined erythematous plaques	Itching	-	-	-
29	187444	RV	72	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	48	Hyperpigmented scaly plaques	Itching	-	-	-
30	188609	AK	67	M	Self employed	Married	-	-	-	-	-	-	-	-	-	-	Y	-	-	24	Dull erythema with glazed appearance	-	-	-	-
31	190866	ML	67	M	Retired	Married	-	-	-	-	-	-	Y	-	-	-	-	-	-	8	Hyperkertotic scaly plaques with fissuring	Pain	-	-	-
32	202447	GR	67	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	4	Hyperpigmented scaly plaques with crusting	Itching	-	-	-
33	203893	SS	66	M	Agriculture	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	4	Erythematous plaques with silvery white scaling	-	-	-	-
34	206312	SD	67	F	Homemaker	Widow	-	-	-	-	-	-	Y	-	-	-	-	-	-	12	Hyperkeratotic swelling	Pain	Pressure	-	-
35	241911	PS	67	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	96	Erythematous plaques with silvery white scaling	-	-	-	-
36	224913	S	72	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	8	Hyperpigmented scaly plaques	Itching	-	-	-
37	224962	SD	61	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	48	Erythematous annular scaly plaques	Itching	Sweating	-	-
38	225189	SK	64	F	Self employed	Married	-	-	-	-	Y	-	Y	-	-	-	-	-	-	4	Non-blanchable erythema and swelling	Pain and itching	-	-	Y
39	230791	CK	64	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	16	Erythematous to purple net-like streaks with central ulceration	Pain	-	-	-
40	232459	HK	64	F	Retired	Married	-	-	-	-	-	Y	-	-	-	-	-	-	-	16	Hyperkeratotic yellowish plaques with fissuring	Itching	-	-	Y
41	233832	MK	88	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	24	Wheals	Itching	-	-	-
42	235548	GS	71	M	Self employed	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	4	Erythema and crusting over external ear	Pain	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
1	103172	-	-	Y	5	Y	6	Y	35	-	-	-	-	Seborrhoeic keratosis	-	Alopecia areata	-
2	111057	-	-	-	-	-	-	-	-	-	-	-	-	Idiopathic guttate hypomelanosis	Hypopigmented macules	Generalised pruritus	-
3	114517	-	-	Y	7	Y	10	-	-	-	-	-	-	Xerosis	Scaling	Lichen planus hypertrophicus	-
4	117147	-	-	-	-	Y	5	-	-	-	-	-	-	Xerosis	Scaling	Tinea cruris et corporis	KOH
5	121652	-	-	-	-	Y	6	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Herpes zoster	-
6	125984	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tellogen effluvium	-
7	127112	-	-	Y	5	-	-	-	-	-	-	-	-	-	-	Acute paronychia	-
8	130542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Folliculitis	-
9	133342	-	-	-	-	Y	4	-	-	-	-	-	-	Xerosis	Scaling	Candidal intertrigo	KOH
10	135740	-	-	Y	10	-	-	-	-	-	-	-	-	-	-	Candidal intertrigo	-
11	135954	-	-	Y	15	-	-	Y	6	-	-	-	-	-	-	Acute paronychia	-
12	136576	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Candidal intertrigo	-
13	138175	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
14	138750	-	-	-	-	Y	15	-	-	-	-	BA	25	Seborrhoeic keratosis	-	Callosities	-
15	141215	-	Y	Y	10	Y	8	-	-	-	-	CLL	3	Xerosis	Scaling	Scabies	Scrapping for mite
16	141279	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Lichen planus	-
17	144553	-	-	Y	4	Y	4	Y	3	-	-	-	-	Cherry angioma	Cherry red papules	Asteatotic eczema	-
18	147549	-	-	-	-	Y	10	-	-	-	-	BPH	5	Seborrhoea capitis	Greasy scales	Candidal intertrigo	-
19	151834	-	-	Y	15	-	-	-	-	-	-	-	-	Xerosis	Scaling	Tinea corporis	-
20	152486	-	-	-	-	Y	0.25	Y	10	-	-	-	-	Seborrhoeic keratosis	-	Oral lichen planus	-
21	156362	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
22	159320	-	-	Y	25	-	-	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Genital warts	-
23	162383	-	-	-	-	Y	15	-	-	-	-	-	-	-	-	Scrotal dermatitis	-
24	168391	-	-	Y	7	Y	6	Y	6	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Asteatotic eczema	-
25	169599	-	-	Y	2	Y	8	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
26	171499	-	-	-	-	-	-	-	-	-	-	-	-	Oral candidiasis	Whitish pseudomembrane	Lichen simplex chronicus	-
27	174736	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Genital warts	-
28	186072	-	-	-	-	Y	7	-	-	-	-	-	-	Seborrhoeic keratosis	-	Jessner's lymphocytic infiltrate	Skin biopsy for HPE
29	187444	-	-	-	-	Y	1	-	-	Y	45	-	-	Seborrhoeic keratosis	-	Asteatotic eczema	-
30	188609	-	-	Y	8	Y	2	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Candidal balanoposthitis	-
31	190866	-	-	Y	1	-	-	-	-	-	-	-	-	Tinea unguium	Yellowish discoloration and subungual hyperkeratosis	Fissured eczema	-
32	202447	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Infectious eczematoid dermatitis	-
33	203893	-	-	Y	10	Y	10	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
34	206312	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Plantar warts	-
35	241911	-	-	-	-	-	-	Y	8	-	-	-	-	-	-	Psoriasis vulgaris	-
36	224913	-	-	Y	8	Y	15	-	-	-	-	-	-	Xerosis	Scaling	Stasis eczema	-
37	224962	-	-	-	-	Y	3	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
38	225189	-	-	Y	10	-	-	-	-	-	-	-	-	Xerosis	Scaling	Chill blains	-
39	230791	-	-	Y	4.5	Y	4.5	-	-	-	-	CVA	5	-	-	Livedoid vasculopathy	-
40	232459	-	-	Y	10	Y	20	Y	2	-	-	-	-	-	-	Palmar psoriasis	-
41	233832	-	-	-	-	Y	12	-	-	-	-	-	-	Seborrhoeic keratosis	-	Chronic urticaria	-
42	235548	-	-	-	-	Y	13	Y	13	-	-	-	-	Xerosis	Scaling	Furuncle	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
43	239128	SC	73	M	Retired	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	4	Wheals	Itching	-	-	-
44	24059	DS	65	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	Y	-	-	96	Hyperpigmented papules	-	-	-	-
45	244150	MS	71	M	Retired	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	72	Hyperpigmented scaly plaques	Itching	-	-	-
46	245676	RR	75	M	Retired	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	12	Erythematous papules	Itching	-	-	-
47	250895	CL	66	M	Self employed	Married	-	-	Y	Y	-	-	-	-	Y	-	Y	-	-	10	Erythematous papules	Itching	-	-	-
48	256180	AR	63	M	Retired	Married	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	2m	Annular scaly plaques with silvery white scaling	Itching	-	-	Y
49	268870	MS	64	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	4	Violaceous papules	Itching	-	-	-
50	274724	SK	61	M	Self employed	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	12	Greasy scales	Itching	-	-	-
51	291004	HR	71	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	8	Erythematous annular scaly plaques	Itching	-	-	-
52	291490	PK	72	F	Homemaker	Married	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	3	-	Itching	-	-	-
53	293522	U	69	F	Homemaker	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	24	Greasy scales	Itching	-	-	-
54	299247	RK	76	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	2m	Hyperpigmentation and scaling	Itching	-	-	-
55	30247	AS	79	M	Retired	Widow	-	-	-	-	-	-	-	-	-	Y	Y	-	-	192	Orange-red plaques with pin-point red macules	-	-	-	-
56	310610	SK	61	F	Homemaker	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	672	Small Vesicles	Itching	Frequent hand washing	-	-
57	313402	RB	72	M	Self employed	Married	-	-	-	-	-	-	-	-	-	-	-	Y	-	8	Yellowish discoloration and subungual hyperkeratosis	-	-	-	-
58	319077	PJ	70	F	Homemaker	Widow	-	-	-	-	-	-	-	Y	-	-	-	-	-	4	White lacy pattern with violaceous hue	Burning sensation	-	-	-
59	32115	NV	61	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	-	-	-
60	330099	RS	64	M	Retired	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	3	Hypopigmented macules	Itching	-	-	-
61	345010	GK	66	F	Homemaker	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	4	Erythematous plaques with silvery white scaling	Itching	-	-	-
62	351259	GS	65	M	Self employed	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	24	-	Itching	-	-	-
63	363286	JB	67	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	2	Erythematous papules	Itching	-	-	-
64	382919	AK	77	F	Retired	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	8	Non-blanchable erythematous papules and plaques	-	-	-	-
65	386723	KD	86	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	1	-	Itching	-	-	-
66	392242	SK	62	F	Retired	Married	-	-	-	-	-	Y	Y	-	-	-	-	-	-	144	Scaly plaques and fissures	Itching	-	-	-
67	393292	SL	71	F	Homemaker	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	24	Well-defined depigmented patches	-	-	-	-
68	397378	KD	72	M	Self employed	Widow	-	-	-	-	Y	Y	-	-	-	-	-	-	-	1	Non-blanchable erythematous plaques and oedema	Pain	-	-	-
69	397749	HS	64	M	Retired	Widow	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	12	Fish-like scaling	-	-	-	-
70	397984	NJ	81	F	Homemaker	Widow	-	-	Y	-	Y	-	-	-	-	-	-	-	-	0.42	Fluid filled grouped vesicles	Pain and burning sensation	-	-	-
71	404930	UR	67	F	Homemaker	Married	-	-	Y	Y	-	-	-	-	-	-	-	-	-	8	Violaceous papules	-	-	-	-
72	407621	KD	66	F	Housewife	Married	Y	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	25	-	Itching	-	-	-
73	412359	A	64	M	Retired	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	12	Greasy scales	Itching	Oiling	-	-
74	414459	GD	65	M	Self employed	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	12	Greasy scales	Itching	-	-	-
75	419832	KK	70	F	Homemaker	Widow	-	-	-	-	-	-	-	Y	-	-	-	-	-	16	White lacy pattern	Burning sensation	Spicy food	-	-
76	434968	SL	68	M	Self employed	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	24	Erythematous annular scaly plaques	Itching	-	-	-
77	435573	RB	62	F	Homemaker	Widow	-	-	-	Y	-	-	-	-	-	-	-	-	-	28	Hyperpigmentation and oedema	-	Wet work	-	-
78	436100	PK	62	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	8	Fluid filled flaccid vesicles and bullae	Pain and itching	-	-	-
79	443437	GS	71	M	Agriculture	Widow	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	0.285	Diffuse blanchable erythema and erythematous plaques	Itching	Desi medication	-	-
80	44246	BS	73	M	Retired	Married	-	-	-	-	-	-	-	-	-	Y	Y	-	-	192	Orange-red shiny glistening macules	-	-	-	-
81	453878	RD	61	F	Retired	Married	-	Y	-	Y	-	-	-	-	-	-	-	-	-	4	Erythema and scaling	Itching	-	-	-
82	453976	RK	63	M	Self employed	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	48	Hyperkeratotic papules with central plugging	Itching	-	-	-
83	456460	GB	68	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	4	Erythematous papules with greasy scaling	Itching	-	-	-
84	464285	PN	90	M	Self employed	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	20	Hyperpigmented scaly plaques	Itching	-	-	-
85	465868	SS	61	M	Retired	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	96	Hyperpigmented scaly plaques	Itching	-	-	-
86	469100	KR	73	M	Retired	Married	-	-	-	Y	-	-	-	-	-	-	-	Y	-	1	Yellowish discolouration of nail, subungual hyperkeratosis, erythema and swelling of nail folds(lateral and proximal)	Pain	-	-	-
87	480199	MP	70	M	Self employed	Married	-	-	-	-	-	-	-	-	-	-	-	Y	-	48	Yellowish discoloration of nails	-	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
43	239128	-	-	-	-	Y	14	Y	15	-	-	-	-	Cherry angioma	Cherry red papules	Acute urticaria	-
44	24059	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Genital warts	-
45	244150	-	-	-	-	Y	20	-	-	-	-	-	-	-	-	Asteatotic eczema	-
46	245676	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
47	250895	-	Y	-	-	-	-	-	-	-	-	-	-	idiopathic guttate hypomelanosis	-	Scabies	-
48	256180	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	30	-	-	Psoriasis vulgaris	-
49	268870	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Lichen planus	-
50	274724	-	-	Y	10	Y	10	-	-	-	-	-	-	-	-	Seborrhoea capitis	-
51	291004	-	-	Y	15	-	-	-	-	-	-	-	-	-	-	Tinea corporis	-
52	291490	-	-	Y	10	Y	10	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
53	293522	-	-	Y	15	Y	30	-	-	-	-	-	-	-	-	Seborrhoea capitis	-
54	299247	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
55	30247	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Zoons balanitis	-
56	310610	-	-	-	-	Y	3	-	-	-	-	-	-	Idiopathic guttate hypomelanosis	-	Pompholyx	-
57	313402	-	-	Y	10	-	-	-	-	-	-	-	-	-	-	Tinea unguium	-
58	319077	-	-	Y	10	Y	10	-	-	-	-	-	-	-	-	Oral lichen planus	-
59	32115	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Stasis eczema	-
60	330099	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	Fine reticulate red superficial fissures with scaling	Pityriasis versicolor	Woods lamp
61	345010	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Scalp psoriasis	-
62	351259	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
63	363286	-	Y	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	Erythematous plaques with silvery white scaling	Psoriasis vulgaris	-
64	382919	-	-	-	-	Y	0.25	-	-	-	-	-	-	-	-	Senile purpura	-
65	386723	-	-	-	-	Y	5	-	-	-	-	-	-	-	-	Generalised pruritus	-
66	392242	-	-	-	-	Y	30	-	-	-	-	-	-	-	-	Palmoplantar Psoriasis	-
67	393292	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Vitiligo vulgaris	-
68	397378	-	-	-	-	-	-	-	-	-	-	TB	10y back	-	-	Chill blains	-
69	397749	-	-	-	-	Y	4	-	-	-	-	-	-	Alopecia areata	Patchy hair loss	Acquired ichthyosis	-
70	397984	-	-	-	-	Y	15	-	-	Y	40	-	-	-	-	Herpes genitalis	-
71	404930	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Lichen planus	-
72	407621	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
73	412359	-	-	-	-	Y	7	-	-	-	-	-	-	-	-	Seborrhoea capitis	-
74	414459	-	-	-	-	Y	2	Y	2	-	-	-	-	-	-	Seborrhoea capitis	-
75	419832	-	-	-	-	Y	15	-	-	-	-	-	-	-	-	Oral lichen planus	-
76	434968	-	-	-	-	Y	20	Y	5	-	-	-	-	Xerosis	Scaling	Tinea cruris	-
77	435573	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	Yellowish discoloration and subungual hyperkeratosis	Chronic paronychia	-
78	436100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Pemphigus vulgaris	-
79	443437	-	-	Y	20	Y	20	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Maculopapular rash	-
80	44246	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Zoons balanitis	-
81	453878	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Photocontact dermatitis	-
82	453976	-	-	Y	12	-	-	-	-	-	-	-	-	Xerosis	Scaling	Reactive perforating collagenosis	-
83	456460	-	-	Y	0.166	Y	0.166	-	-	-	-	-	-	-	-	Seborrheic dermatitis	-
84	464285	-	-	-	-	Y	10	-	-	-	-	-	-	Xerosis	Scaling	Asteatotic eczema	-
85	465868	-	-	-	-	Y	16	-	-	-	-	-	-	Xerosis	Scaling	Asteatotic eczema	-
86	469100	-	-	-	-	Y	5	-	-	-	-	-	-	Tinea unguium	Yellowish discoloration and subungual hyperkeratosis	Acute paronychia	-
87	480199	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
88	488643	TS	76	M	Agriculture	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	13	Post inflammatory hyperpigmentation	Pain	-	-	-
89	489215	ML	61	M	Retired	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	48	Excoriation marks	Itching	-	-	-
90	497979	BS	85	M	Agriculture	Widow	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	1	Diffuse erythema with silvery white scaling	Itching	-	-	-
91	503138	SN	69	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	144	Hyperpigmented annular scaly plaque	Itching	-	-	-
92	505032	SS	73	M	Agriculture	Married	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	48	-	Itching	-	-	-
93	506833	RS	64	F	Retired	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	20	White lacy pattern with violaceous hue	Burning sensation	Spicy food	-	-
94	507706	SD	61	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	144	Violaceous hue with white lacy pattern	Burning sensation	Spicy food	-	-
95	517404	MK	67	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	16	Wheals	Itching	-	-	-
96	518317	RS	67	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	48	Well-defined depigmented patches	-	-	-	-
97	523056	MS	70	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	20	-	Pain	-	-	-
98	525844	SR	65	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	48	Violaceous plaques	Itching	-	-	-
99	527852	RK	64	F	Homemaker	Married	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	3	Fluid filled tense vesicles and bullae	Itching	-	-	-
100	531660	JS	72	M	Retired	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	0.42	Oval erythematous plaques with collarette of scales	Itching	-	-	-
101	532423	CC	74	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	-	-	-	Y	28	Longitudinal ridging and onycholysis	-	-	-	-
102	551203	JS	67	M	Agriculture	Married	-	-	-	-	-	-	-	-	-	-	Y	-	-	288	white plaques	Itching	-	-	-
103	25033	BK	68	F	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	1	Erythema and oedema	Itching	Sunlight	Y	-
104	558339	PK	65	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	192	Brownish papules	Itching	-	-	-
105	559084	BS	79	M	Agriculture	Widow	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	48	-	Itching	-	-	-
106	22183	CS	65	M	Self employed	Married	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	96	-	Itching	-	-	-
107	557768	SS	75	M	Retired	Married	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	20	Erythematous papules	Itching	-	-	-
108	559613	KR	74	F	Homemaker	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	4	Fluid filled tense vesicles and bullae	Itching	-	-	-
109	565076	NS	62	M	Retired	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	12	Hyperpigmentation and maceration	Itching	Sweating and tight clothes	Y	-
110	566765	TS	65	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	-	-	-
111	567829	GK	76	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	2	Well-defined erythematous scaly plaques	Itching	Sweating	-	-
112	570384	PS	81	M	Retired	Widow	-	-	-	-	-	-	-	-	Y	-	-	-	-	16	Erythema with whitish discharge	-	-	-	-
113	22689	RS	68	M	Agriculture	Married	-	-	-	-	-	-	-	-	-	-	Y	-	-	20	Erythema and white discharge	-	-	-	-
114	571056	S	61	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	Y	-	-	-	4	Erythema, oedema and erosions	Pain and burning sensation	Post chemotherapy	-	-
115	572407	GC	68	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	-	-	-
116	581386	MP	71	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	16	Hyperpigmented scaly plaques	Itching	-	-	-
117	583239	BS	62	M	Retired	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	16	Erythematous annular scaly plaques	Itching	-	-	-
118	586033	BR	71	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	28	Hyperpigmented scaly plaques	Itching	-	-	-
119	586316	HK	62	F	Retired	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	48	Violaceous papules	Itching	-	-	-
120	588515	KS	72	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	288	Erythematous plaques with silvery white scaling	Itching	-	-	-
121	26267	TR	81	F	Self employed	Widow	-	-	-	-	-	-	-	-	-	Y	Y	-	-	24	Atrophic patches	Itching	-	-	-
122	601876	SC	70	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	3	Hyperpigmented scaly plaques	Itching	-	-	-
123	608993	BS	80	M	Self employed	Married		-	Y	Y	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
124	614631	YS	61	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	2	Erythematous papules	Itching	-	-	-
125	617526	MS	70	M	Agriculture	Married	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	24	-	Itching	-	-	-
126	620360	SS	78	M	Retired	Married	-	-	Y	-	-	-	-	-	Y	-	-	-	-	4	Erythematous annular scaly plaques	Itching	-	-	-
127	621585	BS	66	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	-	-	-
128	625807	MR	66	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	4	Hyperpigmented scaly plaques with oozing of fluid and crusting	Itching	-	-	-
129	631425	RP	65	M	Self employed	Married	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	2	Erythematous papules	Itching	-	-	-
130	635198	ML	61	M	Retired	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	1	Well-defined hyperpigmented violaceous patches	-	Pain killers	-	-
131	635783	SS	74	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	16	Well-defined erythematous scaly plaques	Itching	-	-	-
132	634812	HP	65	M	Retired	Married	-	-	-	-	-	-	-	-	-	Y	Y	-	-	2	Erythema with glazy appearance	-	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
88	488643	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Post herpetic neuralgia	-
89	489215	-	-	Y	3	-	-	Y	3	-	-	-	-	Xerosis	Scaling	Dermatitis herpetiformis	-
90	497979	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriatic erythroderma	Skin biopsy for HPE
91	503138	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Lichen simplex chronicus	-
92	505032	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	-	Generalised pruritus	-
93	506833	-	-	Y	12	-	-	-	-	-	-	-	-	-	-	Oral lichen planus	-
94	507706	-	-	-	-	Y	5	-	-	-	-	-	-	Post herpetic neuralgia	-	Oral lichen planus	-
95	517404	-	-	-	-	Y	15	-	-	-	-	-	-	-	-	Chronic urticaria	-
96	518317	-	-	-	-	-	-	-	-	-	-	-	-	Discoid eczema	Hyperpigmented scaly plaques	Vitiligo vulgaris	Woods lamp
97	523056	-	-	Y	1	-	-	-	-	-	-	BA	30	Xerosis	Scaling	Post herpetic neuralgia	-
98	525844	-	-	Y	6	-	-	-	-	-	-	TB	1.5	-	-	Lichen planus	-
99	527852	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
100	531660	-	-	-	-	Y	1	-	-	-	-	-	-	Seborrheic dermatitis	Erythematous papules with greasy scaling	Pityriasis rosea	-
101	532423	-	-	-	-	Y	20	-	-	-	-	-	-	-	-	Nail lichen planus	-
102	551203	-	-	-	-	Y	8	-	-	-	-	-	-	-	-	Lichen sclerosus et atrophicans	-
103	25033	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Photocontact dermatitis	-
104	558339	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Amyloidosis	Skin biopsy for HPE
105	559084	-	-	Y	1	-	-	-	-	-	-	CKD	1	Idiopathic guttate hypomelanosis	-	Generalised pruritus	-
106	22183	-	-	-	-	Y	19	Y	20	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
107	557768	-	Y	-	-	Y	10	-	-	-	-	-	-	-	-	Scabies	-
108	559613	-	-	Y	-	-	10	-	-	-	-	-	-	-	-	Bullous Pemphigoid	Skin biopsy for HPE and DIF
109	565076	-	-	Y	10	Y	20	-	-	-	-	-	-	-	-	Candidal intertrigo	-
110	566765	-	-	Y	2	Y	2	-	-	-	-	-	-	-	-	Asteatotic eczema	-
111	567829	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris	-
112	570384	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	5	-	-	Candidal balanoposthitis	-
113	22689	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Candidal balanitis	-
114	571056	-	-	Y	4	Y	7	-	-	-	-	Breast carcinoma	0.083	-	-	Herpes genitalis	Tzank smear
115	572407	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Asteatotic eczema	-
116	581386	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
117	583239	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris	-
118	586033	-	-	Y	23	Y	5	-	-	-	-	-	-	-	-	Asteatotic eczema	-
119	586316	-	-	Y	10	-	-	-	-	-	-	-	-	Idiopathic guttate hypomelanosis	-	Lichen planus	-
120	588515	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
121	26267	-	-	-	-	Y	20	-	-	-	-	BPH	13	-	-	Lichen sclerosus et atrophicans	-
122	601876	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
123	608993	-	-	-	-	Y	4	Y	4	-	-	-	-	-	-	Tinea cruris et corporis	-
124	614631	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
125	617526	-	-	-	-	Y	5	-	-	-	-	-	-	-	-	Generalised pruritus	-
126	620360	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
127	621585	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Stasis eczema	-
128	625807	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Infectious eczematoid dermatitis	-
129	631425	-	Y	Y	15	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Scabies	-
130	635198	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Fixed drug eruption	-
131	635783	-	-	-	-	Y	7	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
132	634812	-	-	Y	7	Y	7	-	-	-	-	-	-	-	-	Candidal balanoposthitis	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
133	639360	BK	63	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	2	Blanchable diffuse erythema and erythematous plaques	Itching	NSAIDS	-	-
134	27331	K	63	F	Retired	Married	-	-	Y	Y	-	-	-	-	-	-	-	-	-	2	Reticular hyperpigmentation	-	-	-	-
135	640774	K	65	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	960	Oval erythematous plaques with collarette of scales	Itching	-	-	-
136	642480	AS	61	M	Agriculture	Married	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	6	Hyperpigmented scaly plaques	Itching	-	-	-
137	643638	HS	75	M	Agriculture	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	144	White lacy pattern with violaceous hue	Burning sensation	Spicy food	-	-
138	644122	KD	67	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	20	Hyperpigmented annular scaly plaques	Itching	-	-	-
139	644924	M	65	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	4	Hyperpigmentation and scaling	Itching	-	-	-
140	649654	BS	76	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	8	Hyperpigmented scaly plaques with oozing of fluid and crusting	Itching	-	-	-
141	649515	PK	64	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	4	Erythematous plaques with silvery white scaling	-	-	-	-
142	649654	BS	76	M	Agriculture	Married	-	-	Y	Y	-	-	-	-	Y	-	Y	-	-	16	Erythematous annular scaly plaques	Itching	Sweating	-	-
143	46615	KD	78	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	Y	-	-	-	-	-	12	Fluid filled vesicles and bullae ,oral mucosa	Pain and itching	-	-	-
144	649729	BS	71	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	96	Hyperpigmentation with slight scaling	Itching	-	-	-
145	653175	BS	63	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	24	Erythematous plaques with silvery white scaling	Itching	-	-	-
146	656247	GS	75	M	Agriculture	Widow	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	144	Scaling	Itching	-	-	-
147	659032	JP	72	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	Y	Y	16	Irregular and rough surface	-	-	-	-
148	34503	CL	73	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	48	Well-defined ulcer with regular margins	Pain and itching	-	-	-
149	661976	MS	63	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	4	Erythematous scaly plaques	Itching	-	-	-
150	662497	DR	72	M	Retired	Widow	-	-	-	-	-	-	-	-	-	-	-	Y	-	96	Yellowish discoloration of nails	-	-	-	-
151	663322	KD	62	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
152	664758	AS	65	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	24	Skin coloured nodule with central ulceration	-	-	-	-
153	665095	BD	86	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	12	Hyperpigmented plaques , papules and excoriation marks	Itching	-	-	-
154	665409	SR	71	F	Homemaker	Married	-	-	-	Y	Y	-	-	-	-	-	-	-	-	384	Hyperpigmented scaly plaques	Itching	-	-	-
155	665480	SJ	66	F	Retired	Married	-	-	-	Y	Y	-	-	-	-	-	-	-	-	12	Erythematous plaques with silvery white scaling	Itching	Alcohol	-	-
156	37567	BS	73	M	Agriculture	Married	-	-	-	-	-	-	-	-	-	Y	Y	-	-	6	Erythema and whitish discharge	Pain and itching	-	-	-
157	665609	TR	63	M	Retired	Married	Y	-	-	Y	-	-	-	-	-	-	-	-	-	240	Hypertrophic, hyperpigmented plaques and papules	Itching	-	-	-
158	666329	BS	75	M	Agriculture	Widow	-	Y	-	Y	-	-	-	-	-	-	-	-	-	16	Ill-defined erythematous scaly plaques	Itching	Sunlight	Y	-
159	667814	NS	72	M	Self employed	Widow	-	Y	-	-	-	-	-	-	-	-	-	-	-	480	Hyperpigmented scaly plaques	Itching	-	-	-
160	676624	KJ	72	M	Self employed	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	48	Greasy scales	Itching	-	-	-
161	676701	TR	80	F	Retired	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	1	Diffuse erythema with erythematous scaly plaques	Itching	ATT	-	-
162	677579	SS	61	M	Self employed	Married	-	-	-	-	-	-	Y	-	-	-	-	-	-	3	Well-defined erythematous scaly plaques	Itching	-	-	-
163	677730	LS	65	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	4	Erythematous plaques with silvery white scaling	Itching	-	-	-
164	681310	SS	65	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	2	Erythematous papules	Itching	-	-	-
165	681864	MI	64	M	Self employed	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
166	682169	ML	62	M	Retired	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	12	Patchy hair loss	-	-	-	-
167	682792	DS	68	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	3	Erythematous plaques with silvery white scaling	-	-	-	-
168	681886	HK	62	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	24	Hyperpigmented annular scaly plaques	Itching	-	-	-
169	687333	KK	62	M	Self employed	Married	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	-	-	12	Fluid filled flaccid vesicles and bullae	Pain and itching	-	-	-
170	688989	KR	71	F	Homemaker	Widow	-	-	-	-	-	-	Y	-	-	-	-	-	-	240	Hyperpigmented scaly plaques with fissuring	-	-	-	Y
171	691859	AN	79	M	Retired	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	32	Hyperpigmentation and scaling	Itching	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
133	639360	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Maculopapular rash	-
134	27331	-	-	-	-	Y	20	-	-	-	-	Hypothyroidism	20	-	-	Amyloidosis	Skin biopsy for HPE
135	640774	-	-	Y	7	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Generalised pruritus	-
136	642480	-	-	-	-	Y	6	-	-	-	-	-	-	-	-	Air-borne contact dermatitis	-
137	643638	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oral lichen planus	-
138	644122	-	-	-	-	Y	15	-	-	-	-	-	-	-	-	Discoid eczema	-
139	644924	-	-	Y	25	Y	20	Y	17	-	-	-	-	-	-	Asteatotic eczema	-
140	649654	-	-	Y	25	Y	25	Y	25	-	-	-	-	-	-	Infectious eczematoid dermatitis	-
141	649515	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Psoriasis vulgaris	-
142	649654	-	-	Y	25	Y	4	Y	4	-	-	-	-	-	-	Tinea cruris et corporis	-
143	46615	-	-	-	-	Y	30	-	-	-	-	-	-	-	-	Pemphigus vulgaris	Skin biopsy for HPE and DIF, tzank smear
144	649729	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
145	653175	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
146	656247	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
147	659032	-	-	-	-	-	-	-	-	Y	20	-	-	-	-	Twenty nail dystrophy	-
148	34503	-	-	-	-	-	-	-	-	-	-	-	-	Infectious eczematoid dermatitis	Hyperpigmented scaly plaques with oozing of fluid and crusting	Venous ulcer	-
149	661976	-	-	-	-	-	-	-	-	Y	5	-	-	-	-	Tinea pedis	KOH
150	662497	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	-
151	663322	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea corporis	-
152	664758	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Basal cell carcinoma	Skin biopsy for HPE
153	665095	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Prurigo nodularis	-
154	665409	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
155	665480	-	-	-	-	Y	15	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
156	37567	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Candidal balanitis	-
157	665609	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Lichen planus hypertrophicus	-
158	666329	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Photocontact dermatitis	-
159	667814	-	-	-	-	-	-	-	-	-	-	-	-	Idiopathic guttate hypomelanosis	-	Lichen simplex chronicus	-
160	676624	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoea capitis	-
161	676701	-	-	-	-	Y	10	-	-	-	-	TB	0.5y back	Cherry angioma	Cherry red papules	Maculopapular rash	-
162	677579	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Tinea pedis	-
163	677730	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
164	681310	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
165	681864	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris	-
166	682169	-	-	-	-	-	-	-	-	-	-	-	-	Idiopathic guttate hypomelanosis	-	Alopecia areata	-
167	682792	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
168	681886	-	-	-	-	Y	13	-	-	-	-	-	-	-	-	Tinea cruris	KOH
169	687333	-	-	-	-	Y	20	-	-	-	-	-	-	-	-	Pemphigus vulgaris	Skin biopsy for HPE, tzank smear
170	688989	-	-	-	-	Y	20	-	-	-	-	-	-	Xerosis	Scaling	Plantar psoriasis	-
171	691859	-	-	Y	40	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
172	693340	RK	61	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	-	-	28	Fluid filled flaccid vesicles and bullae	Itching	-	-	-
173	693352	JS	65	M	Agriculture	Married	-	-	Y	Y	-	-	-	-	-	-	-	-	-	12	Erythematous plaques with silvery white scaling	Itching	-	-	Y
174	694226	LK	65	F	Homemaker	Married	-	Y	-	Y	-	-	-	-	-	-	-	-	-	48	Hyperpigmented scaly plaques	Itching	Sunlight	Y	-
175	694265	KS	65	M	Retired	Married	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	24	Erythematous scaly plaques	Itching	Sunlight	-	-
176	694544	KS	62	M	Self employed	Married	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	8	Erythematous papules with greasy scales	Itching	-	-	-
177	6945	BS	76	M	Retired	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	2	Erythematous papules	Itching	-	-	-
178	700419	TS	90	M	Retired	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	2	Erythematous papules	Itching	-	-	-
179	702147	GS	73	M	Retired	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	96	Erythematous plaques with silvery white scaling	Itching	-	-	Y
180	702161	HS	61	M	Agriculture	Married	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	96	-	Itching	-	-	-
181	702355	SS	74	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	24	Yellowish-white papules	-	-	-	-
182	704633	SK	80	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	8	-	Itching	-	-	-
183	706738	JS	75	M	Self employed	Married		-	-	-	-	-	Y	-	-	-	-	-	-	96	Hyperkeratotic yellowish plaques	-	-	-	-
184	709209	HK	75	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	0.428	Fluid filled grouped vesicles in zosteriform pattern	Burning sensation	-	-	-
185	709606	JS	65	F	Retired	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
186	712410	JS	65	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	4	Erythematous annular scaly plaques	Itching	Sweating	-	-
187	712451	MK	68	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	20	Erythematous to hyperpigmented scaly plaques	Itching	-	-	-
188	712756	U	61	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented plaques with excoriation marks	Itching	-	-	-
189	713616	AK	73	F	Homemaker	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	2	Fluid filled vesicles	Pain	-	-	-
190	714126	SS	75	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	2	Erythematous annular scaly plaques	Itching	Sweating	-	-
191	715929	MS	65	M	Self employed	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	2	Erythematous plaques	Itching	-	-	-
192	716753	JS	65	M	Self employed	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	3	Erythema	Pain	Spicy food	-	-
193	720150	SK	65	F	Homemaker	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	48	Violaceous hue with white lacy pattern	Burning sensation	Spicy food	-	-
194	722122	HS	75	M	Agriculture	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	48	Fish-like scaling	-	-	-	Y
195	724127	TS	70	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	28	Hyperpigmented plaques with scaling	Itching	-	-	-
196	725725	GD	67	M	Self employed	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	4	Violaceous hyperpigmentation	-	-	-	-
197	726156	VS	90	M	Agriculture	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	8	Hyperpigmentation and scaling	Itching	-	-	-
198	727286	MK	75	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	48	Hyperpigmented scaly plaques	Itching	-	-	-
199	727501	HK	65	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	1	Erythematous papules	-	-	-	-
200	728362	JS	70	M	Agriculture	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	Hyperpigmentation and scaling	Itching	-	-	-
201	731940	VK	61	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	480	Wheals	Itching	-	-	-
202	732239	DK	78	F	Retired	Unmarried	-	-	-	-	-	-	-	Y	-	-	-	-	-	24	Whitish lacy pattern	Burning sensation	Spicy food	-	-
203	732563	CK	61	F	Homemaker	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	24	White lacy pattern	Burning sensation	Spicy food	-	-
204	738207	BS	75	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	48	Hyperpigmented papule with cerebriform surface	Pain	-	-	-
205	738239	VM	64	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	20	Erythematous papules	Itching	-	-	-
206	740813	SK	65	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	40	Wheals	Itching	-	-	-
207	742543	SK	80	F	Homemaker	Widow	-	-	-	-	-	-	-	-	Y	-	-	-	-	2	Hyperpigmentation and maceration	Itching	-	-	-
208	742991	DS	67	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	16	Hyperpigmented annular scaly plaques	Itching	Sweating	-	-
209	744349	NS	71	M	Agriculture	Widow	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	2	Diffuse erythema with silvery white scaling	Itching	Alcohol	-	-
210	744370	HK	70	F	Homemaker	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	240	Erythematous plaques with silvery white scaling	-	-	-	Y
211	748981	AK	76	F	Homemaker	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	4	Erythema and swelling over nail folds	Pain	-	-	-
212	754286	NK	75	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	24	Fluid filled tense vesicles and bullae	Itching	-	-	-
213	75463	MK	70	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	96	Excoriation marks	Itching	-	-	-
214	755691	VS	69	M	Retired	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	16	Fluid filled tense vesicles and bullae	Itching	-	-	-
215	760203	HK	70	F	Homemaker	Widow	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	0.285	Diffuse erythema with oedema and scaling	Itching	-	-	-
216	762931	BS	61	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented annular plaques	Itching	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
172	693340	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Pemphigus vulgaris	Skin biopsy for HPE
173	693352	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
174	694226	-	-	-	-	Y	1	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Photocontact dermatitis	-
175	694265	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	-	Photocontact dermatitis	-
176	694544	-	-	-	-	-	-	-	-	-	-	CVA	1	-	-	Seborrheic dermatitis	-
177	6945	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
178	700419	-	Y	-	-	Y	10	Y	25	-	-	TB	5y back	Xerosis	Scaling	Scabies	-
179	702147	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriasis vulgaris	-
180	702161	-	-	Y	5	-	-	-	-	-	-	-	-	-	-	Generalised pruritus	-
181	702355	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Milia	-
182	704633	-	-	Y	5	Y	5	-	-	-	-	-	-	-	-	Generalised pruritus	-
183	706738	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Plantar keratoderma	-
184	709209	-	-	-	-	Y	3	-	-	-	-	-	-	-	-	Herpes zoster	-
185	709606	-	-	Y	10	Y	10	-	-	-	-	-	-	-	-	Tinea cruris	-
186	712410	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
187	712451	-	-	-	-	Y	9	-	-	-	-	-	-	-	-	Tinea cruris	-
188	712756	-	-	Y	25	Y	25	-	-	-	-	-	-	Candidal intertrigo	Hyperpigmentation and maceration	Prurigo nodularis	-
189	713616	-	-	Y	5	Y	5	-	-	Y	20	-	-	-	-	Herpes zoster	-
190	714126	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
191	715929	-	-	Y	20	Y	20	-	-	-	-	-	-	Idiopathic guttate hypomelanosis	-	Contact dermatitis	-
192	716753	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Glossitis	-
193	720150	-	-	Y	3	-	-	-	-	-	-	-	-	-	-	Oral lichen planus	-
194	722122	-	-	-	-	-	-	Y	10	-	-	-	-	-	-	Acquired ichthyosis	-
195	724127	-	-	-	-	Y	10	-	-	-	-	-	-	-	-	Asteatotic eczema	-
196	725725	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Fixed drug eruption	-
197	726156	-	-	-	-	Y	4	-	-	-	-	-	-	-	-	Asteatotic eczema	-
198	727286	-	-	-	-	Y	6	-	-	-	-	-	-	-	-	Stasis eczema	-
199	727501	-	Y	-	-	-	-	Y	1	Y	2	-	-	-	-	Scabies	-
200	728362	-	-	-	-	Y	4	-	-	Y	30	-	-	-	-	Asteatotic eczema	-
201	731940	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Chronic urticaria	-
202	732239	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oral lichen planus	-
203	732563	-	-	-	-	Y	2	-	-	-	-	-	-	-	-	Oral lichen planus	-
204	738207	-	-	Y	0.333	-	-	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	-
205	738239	-	Y	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Scabies	-
206	740813	-	-	-	-	Y	3	-	-	-	-	-	-	-	-	Chronic urticaria	-
207	742543	-	-	-	-	Y	7	-	-	-	-	-	-	-	-	Candidal intertrigo	-
208	742991	-	-	Y	5	Y	7	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
209	744349	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Psoriatic erythroderma	Skin biopsy for HPE
210	744370	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Scalp psoriasis	-
211	748981	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	Yellowish discoloration and subungual hyperkeratosis	Acute paronychia	-
212	754286	-	-	-	-	-	-	-	-	Y	2	TB	45	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
213	75463	-	-	Y	20	Y	20	Y	4	-	-	-	-	Xerosis	Scaling	Dermatitis herpetiformis	Skin biopsy for HPE
214	755691	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
215	760203	-	-	-	-	-	-	-	-	-	-	-	-	Seborrheic dermatitis	Erythematous plaques with scaling	Erythroderma	Skin biopsy for HPE
216	762931	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Discoid eczema	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
217	763133	DL	67	M	Self employed	Married	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	8	-	Itching	-	-	-
218	763604	RS	61	M	Agriculture	Married	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	16	Erythematous annular scaly plaques	Itching	Sweating	-	-
219	764593	SK	70	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	2	Diffuse erythema and erythematous scaly plaques	Itching	-	-	-
220	765759	MK	62	M	Retired	Married	Y	-	Y	-	-	-	-	-	-	-	-	-	-	4	Erythematous papules with greasy scaling	Itching	-	-	-
221	767583	BS	62	M	Agriculture	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	8	Hyperpigmented scaly plaques	Itching	-	-	-
222	768220	RK	72	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	-	-	Y	-	28	Yellowish discoloration with subungual hyperkeratosis	-	-	-	-
223	768714	SK	61	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	16	Erythematous papules	Itching	-	-	-
224	768727	RD	65	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	0.428	Fluid filled grouped vesicles in zosteriform pattern	Pain and burning sensation	-	-	-
225	769553	BL	63	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	24	Ill- defined erythematous scaly plaques	Itching	-	-	-
226	769835	CK	71	F	Homemaker	Widow	-	Y	-	-	-	-	-	-	-	-	-	-	-	8	Ill-defined erythematous plaque with rolled out margins and central ulceration	-	-	-	-
227	771235	MK	80	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	16	-	Itching	-	-	-
228	77416	MK	72	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	12	-	Itching	-	-	-
229	773030	HK	74	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	-	-	-	Y	21	Yellowish discoloration and subungual hyperk	-	-	-	-
230	773594	KS	77	M	Agriculture	Widow	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	4	Hyperpigmentation and maceration	Itching	-	-	-
231	775771	CM	80	M	Retired	Widow	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	3	Diffuse erythema with silvery white scaling and pustules	Pain	-	-	-
232	778177	SS	70	M	Retired	Widow	-	-	Y	-	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
233	778637	HK	79	F	Homemaker	Married	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	4	-	Itching	-	-	-
234	781587	PS	61	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	3	Non-blanchable erythematous macules and papules	Itching	-	-	-
235	782490	P	80	F	Homemaker	Widow	Y	-	-	-	-	-	-	-	-	-	-	-	-	4	Greasy scaling	Itching	-	-	-
236	782810	RD	75	F	Homemaker	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	144	Reddish plaques	-	-	-	-
237	783545	GS	72	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	48	Hyperpigmented scaly papules	Itching	-	-	-
238	783937	KS	72	M	Agriculture	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	48	-	Itching	-	-	-
239	786425	RR	70	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	8	Hyperpigmentation and maceration	Itching	Sweating	-	-
240	786734	SJ	65	M	Retired	Married	-	-	-	Y	-	-	-	-	-	-	-	-	-	3	Tiny transparent papules	Itching	-	-	-
241	786845	RK	63	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	28	Hyperpigmented scaly plaques	Itching	-	-	-
242	788145	KK	64	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	-	-	-
243	788203	HS	61	F	Agriculture	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	2	Diffuse erythema with silvery white scaling	Pain and itching	Desi medication	-	-
244	789217	PK	70	F	Homemaker	Widow	-	-	-	-	Y	-	-	-	-	-	-	-	-	12	Hyperpigmented annular scaly plaques	Itching	-	-	-
245	789527	KR	75	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	4	Hyperpigmented scaly plaques with crusting	Itching	-	-	-
246	34419	AK	64	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	1	Erythematous plaques with scaling	Itching	-	-	-
247	792051	RL	85	M	Self employed	Widow	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	24	Erythematous annular scaly plaques	Itching	-	-	-
248	792460	V	61	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	20	Hyperkeratotic violaceous papules and plaques	Itching	-	-	-
249	794007	MK	72	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	16	Erythematous annular scaly plaques	Itching	Sweating	-	-
250	796385	SS	70	M	Agriculture	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	384	Irregular firm hyperpigmented papules	Itching	-	-	-
251	796470	DS	66	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	8	Well-defined ulcer with regular margins and granulation tissue at base	Pain	-	-	-
252	21950	HL	68	F	Homemaker	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	24	White lacy pattern with violaceous hue	Burning sensation	Spicy food	-	-
253	796459	KD	70	F	Homemaker	Widow	-	-	Y	-	-	-	-	-	Y	-	-	-	-	8	Erythematous annular scaly plaques	Itching	-	-	-
254	93101	RS	61	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	40	Erythematous annular scaly plaques	Itching	-	-	-
255	796657	RC	61	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	24	Reticular pattern of hyperpigmentation	Itching	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
217	763133	-	-	-	-	-	-	-	-	-	-	-	-	Candidal intertrigo	Hyperpigmentation and maceration	Generalised pruritus	-
218	763604	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
219	764593	-	-	Y	20	Y	20	-	-	-	-	-	-	Cellulitis	Ill-defined erythema and oedema	Maculopapular rash	-
220	765759	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Seborrheic dermatitis	-
221	767583	-	-	Y	-	Y	3	-	-	-	-	-	-	Xerosis	Scaling	Hand eczema	-
222	768220	-	-	Y	10	-	-	-	-	-	-	-	-	-	-	Tinea unguium	-
223	768714	-	-	Y	0.5	-	-	-	-	-	-	-	-	-	-	Scabies	-
224	768727	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Herpes zoster	-
225	769553	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea incognito	KOH
226	769835	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Basal cell carcinoma	Skin biopsy for HPE
227	771235	-	-	Y	0.416	Y	15	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
228	77416	-	-	Y	7	-	-	-	-	-	-	-	-	-	-	Generalised pruritus	-
229	773030	-	-	Y	0.583	Y	2	-	-	-	-	-	-	-	-	Tinea unguium	-
230	773594	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	Yellowish discoloration and subungual hyperkeratosis	Candidal intertrigo	-
231	775771	-	-	Y	20	-	-	-	-	-	-	-	-	-	-	Generalised pustular psoriasis	Skin biopsy for HPE
232	778177	-	-	Y	20	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
233	778637	-	-	Y	15	Y	45	-	-	-	-	-	-	-	-	Generalised pruritus	-
234	781587	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Vasculitis	Skin biopsy for HPE
235	782490	-	-	Y	10	Y	10	-	-	Y	6	-	-	-	-	Seborrhea capitis	-
236	782810	-	-	Y	10	Y	20	-	-	-	-	-	-	Xerosis	Scaling	Senile purpura	-
237	783545	-	-	-	-	Y	3	-	-	-	-	-	-	-	-	Eyelid eczema	-
238	783937	-	-	Y	16	Y	0.25	-	-	-	-	-	-	-	-	Generalised pruritus	-
239	786425	-	-	-	-	Y	30	-	-	-	-	-	-	Xerosis	Scaling	Candidal intertrigo	KOH
240	786734	-	-	-	-	-	-	Y	13	-	-	-	-	-	-	Pompholyx	-
241	786845	-	-	Y	2	Y	5	-	-	-	-	-	-	-	-	Asteatotic eczema	-
242	788145	-	-	-	-	-	-	-	-	-	-	Hypothyroidism	2	-	-	Asteatotic eczema	-
243	788203	-	-	-	-	Y	7	-	-	-	-	-	-	Cellulitis	Ill-defined erythema and oedema	Psoriatic erythroderma	Skin biopsy for HPE
244	789217	-	-	Y	15	Y	15	-	-	-	-	-	-	Xerosis	Scaling	Lichen simplex chronicus	-
245	789527	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Infectious eczematoid dermatitis	-
246	34419	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Contact dermatitis	-
247	792051	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
248	792460	-	-	-	-	-	-	-	-	Y	2	-	-	-	-	Lichen planus hypertrophicus	-
249	794007	-	-	Y	1	-	-	-	-	-	-	Bone carcinoma	5	-	-	Tinea corporis	-
250	796385	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Keloid	-
251	796470	-	-	Y	20	-	-	-	-	-	-	-	-	-	-	Arterial ulcer	-
252	21950	-	-	Y	10	Y	10	-	-	Y	2	-	-	-	-	Oral lichen planus	-
253	796459	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
254	93101	-	-	Y	1	Y	26	-	-	-	-	-	-	-	-	Tinea corporis	-
255	796657	-	-	Y	20	-	-	-	-	-	-	-	-	Xerosis	Scaling	Amyloidosis	Skin biopsy for HPE

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
256	799883	GK	65	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	16	Annular hyperpigmented scaly plaques	Itching	-	-	-
257	39884	GK	68	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	144	-	Burning sensation	-	-	-
258	800934	ML	61	M	Self employed	Married	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
259	801249	GD	75	M	Self employed	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	4	-	Itching	-	-	-
260	801899	K	80	M	Self employed	Widow	-	-	Y	-	Y	-	-	-	-	-	-	-	-	288	Hyperpigmentation and scaling	Itching	-	-	-
261	802048	SS	63	M	Retired	Married	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	336	Blanchable erythematous wheals and plaques	Itching	Heat	-	-
262	803400	HS	76	M	Agriculture	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	48	Non blanchable erythematous plaques	Itching	-	-	-
263	804094	SS	70	M	Agriculture	Married	-	-	-	-	-	-	-	-	-	Y	Y	-	-	0.428	Fluid filled grouped vesicles	Burning sensation	-	-	-
264	804938	SK	61	F	Homemaker	Married	-	Y	-	-	Y	-	-	-	-	-	-	-	-	96	Binding down of skin	Raynaud's phenomenon	Cold water	-	Y
265	805109	RD	62	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	3	Erythematous papules	Itching	-	-	-
266	807173	KR	68	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	4	Hyperpigmentation and maceration	Itching	Sweating	-	-
267	807834	RK	63	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	16	Erythematous annular scaly plaques	Itching	-	-	-
268	808847	ZS	61	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
269	809488	BS	72	M	Agriculture	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	192	Scaling	-	-	-	-
270	890968	GS	70	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	70	Hyperkeratotic papules and plaques with violaceous hue	Itching	-	-	-
271	810394	BK	65	F	Homemaker	Widow	-	-	Y	-	Y	-	-	-	-	-	-	-	-	96	Hyperpigmentation in fish like pattern	Itching	-	-	-
272	810624	TD	61	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	4	Fluid filled vesicles and bullae.erythematous erosions with dirty yellowish to brownish crusting . Swelling , erythema around fingernails	Pain and itching	-	-	-
273	810877	SJ	65	M	Self employed	Married	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
274	811805	AK	70	F	Homemaker	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	48	-	-	-	-	-
275	811948	MK	65	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	8	Erythematous annular scaly plaques	Itching	Sweating	-	-
276	813497	NK	75	F	Homemaker	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	8	Violaceous hue with white lacy pattern	Burning sensation	Spicy food	-	-
277	819160	CR	80	F	Homemaker	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	8	Erythematous annular scaly plaques	Itching	-	-	-
278	819425	HS	66	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	1	Yellowish papules with surrounding erythema	Pain	-	-	-
279	822412	SR	65	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	4	Fluid filled tense vesicles and bullae	Itching	-	-	-
280	55784	SP	61	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
281	826293	MP	73	M	Self employed	Widow	-	-	Y	Y	Y	-	-	Y	-	-	-	-	-	12	Fluid filled flaccid vesicles and bullae	Itching	-	-	-
282	828608	SD	76	F	Homemaker	Widow	Y	Y	-	-	-	-	-	-	-	-	-	-	-	16	Erythematous scaly plaques and greasy scales	Itching	-	-	-
283	831372	TS	69	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	48	Hyperpigmented scaly plaques	Itching	-	-	-
284	833596	SK	65	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	8	Erythematous annular scaly plaques	Itching	-	-	-
285	834060	PL	68	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Depigmented annular patches	-	-	-	-
286	835963	JS	65	M	Agriculture	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	2	Diffuse blanchable erythema	Itching	Anticonvulsant drugs	-	-
287	838065	JS	77	M	Agriculture	Widow	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	28	Erythematous annular scaly plaques	Itching	-	-	-
288	838866	SS	61	F	Self employed	Unmarried	-	-	-	-	-	-	-	-	-	-	-	Y	-	24	Yellowish discoloration and subungual hyperkeratosis	-	Wet work	-	-
289	839142	MK	75	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	3	Erythematous papules	Itching	-	-	-
290	839622	AK	65	F	Homemaker	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented annular scaly plaques	Itching	-	-	-
291	30247	AS	78	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	192	Erythema and whitish discharge	-	-	-	-
292	84743	MS	73	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	12	Yellowish discoloration	-	-	-	-
293	41401	TS	65	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	0.285	Erythematous papules with some fluid filled vesicles in zosteriform pattern	Pain	-	-	-
294	21735	PS	67	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	48	Hyperpigmentation and scaling	Itching	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
256	799883	-	-	-	-	Y	3	-	-	-	-	-	-	Xerosis	Scaling	Lichen simplex chronicus	-
257	39884	-	-	-	-	-	-	-	-	-	-	Oral carcinoma	4	-	-	Post herpetic neuralgia	-
258	800934	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Tinea cruris et corporis	-
259	801249	-	-	Y	9	Y	9	Y	0.5	-	-	-	-	-	-	Generalised pruritus	-
260	801899	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
261	802048	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Cholinergic urticaria	-
262	803400	-	-	Y	35	Y	30	-	-	-	-	-	-	senile purpura	Non-blanchable erythematous plaques	Generalised pruritus	-
263	804094	-	-	Y	35	Y	4	Y	2	-	-	TB	12y back	-	-	Herpes genitalis	-
264	804938	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Systemic sclerosis	ANA
265	805109	-	Y	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Scabies	-
266	807173	-	-	Y	32	-	-	Y	4	-	-	-	-	-	-	Candidal intertrigo	-
267	807834	-	-	-	-	Y	2	-	-	-	-	-	-	-	-	Tinea corporis	-
268	808847	-	-	Y	2	-	-	Y	0.083	-	-	-	-	-	-	Tinea cruris et corporis	-
269	809488	-	-	-	-	Y	2	Y	2	-	-	-	-	Cherry angioma	Cherry red papules	Xerosis	-
270	890968	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Lichen planus hypertrophicus	-
271	810394	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Acquired ichthyosis	-
272	810624	-	-	Y	7	Y	7	-	-	-	-	-	-	-	-	Pemphigus vulgaris	Skin biopsy for HPE and DIF
273	810877	-	-	-	-	Y	2	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
274	811805	-	-	-	-	Y	3	-	-	-	-	-	-	-	-	Generalised pruritus	-
275	811948	-	-	Y	7	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
276	813497	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	Hyperpigmentes plaques	Oral lichen planus	-
277	819160	-	-	Y	5	-	-	Y	0.166	-	-	-	-	Xerosis	Scaling	Tinea corporis	-
278	819425	-	-	Y	2	-	-	-	-	-	-	-	-	-	-	Folliculitis	-
279	822412	-	-	Y	1	Y	8	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
280	55784	-	-	-	-	Y	12	-	-	-	-	-	-	-	-	Tinea cruris	-
281	826293	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Pemphigus vulgaris	Skin biopsy for HPE and DIF
282	828608	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Seborrheic dermatitis	-
283	831372	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
284	833596	-	-	-	-	Y	12	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
285	834060	-	-	-	-	Y	3	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Vitiligo vulgaris	-
286	835963	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Erythroderma	Skin biopsy for HPE
287	838065	-	-	-	-	Y	1	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
288	838866	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	-
289	839142	-	Y	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Scabies	-
290	839622	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Lichen simplex chronicus	-
291	30247	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Candidal intertrigo	KOH
292	84743	-	-	-	-	Y	9	-	-	-	-	-	-	-	-	Tinea unguium	-
293	41401	-	-	-	-	Y	30	-	-	-	-	-	-	-	-	Herpes zoster	-
294	21735	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
295	840536	R	65	F	Homemaker	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	16	Erythematous annular scaly plaques	Itching	-	-	-
296	30247	AS	78	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	4	Erythema with glazy appearance	-	-	-	-
297	89732	MS	81	M	Agriculture	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	72	Fluid filled flaccid vesicles and Bullae, crusted plaques and erosions	Pain and itching	-	-	-
298	841600	SK	75	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	8	Erythematous papules	Itching	-	-	-
299	842108	AS	61	M	Retired	Married	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	Sunlight	-	-
300	843635	DK	73	F	Homemaker	Widow	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	1	Atypical target papules	Pain	Drugs-allopurinol	-	-
301	844815	VB	64	F	Homemaker	Married	-	Y	Y	-	-	-	-	-	-	-	-	-	-	24	Depigmented patches	-	-	-	-
302	845186	SS	70	M	Retired	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	4	Hyperpigmentation and maceration	Itching	-	-	-
303	848173	JK	61	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	16	Erythematous annular scaly plaques	Itching	Sweating	-	-
304	848868	NS	62	M	Retired	Widow	-	-	Y	-	Y	-	-	-	-	-	-	-	-	8	Erythematous annular scaly plaques	Itching	-	-	-
305	848993	CS	73	M	Retired	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	12	Non-blanchable erythematous papules	Itching	-	-	-
306	849123	KL	68	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	1	-	Itching	-	-	-
307	849269	SC	69	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	-	Y	-	16	Subungual hyperkeratosis	-	-	-	-
308	850505	MS	86	M	Agriculture	Widow	Y	-	-	-	-	-	-	-	-	-	-	-	-	24	Greasy scales	Itching	-	-	-
309	850522	MK	75	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	16	Fluid filled tense vesicles and bullae	Itching	-	-	-
310	850535	ML	70	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	24	Erythematous annular scaly plaques	Itching	-	-	-
311	852757	PK	65	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	48	Erythematous annular scaly plaques	Itching	Sweating	Y	-
312	852926	SR	62	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	96	Wheals	Itching	-	-	-
313	853218	MK	63	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	3	Erythematous papules	Itching	-	-	-
314	854203	CL	70	M	Self employed	Widow	-	-	-	-	-	-	Y	-	-	-	-	-	-	6	Well-defined erythematous scaly plaques	Itching	-	-	-
315	85411	GK	76	F	Homemaker	Widow	-	-	-	-	-	-	-	-	-	-	-	-	-	4	Depigmented macules and patches	-	-	-	-
316	855550	CK	75	F	Homemaker	Widow	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	-	-
317	37567	BR	72	M	Agriculture	Widow	-	-	-	-	-	-	-	-	-	-	-	-	-	96	Erythema with glazy appearance	-	-	-	-
318	66979	HS	76	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented scaly plaques	Itching	-	-	-
319	856476	SN	62	M	Self employed	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	12	White plaques	-	-	-	-
320	856697	GK	72	F	Homemaker	Married	Y	-	-	-	Y	-	-	-	-	-	-	-	-	96	Hyperpigmented annular scaly plaques	Itching	-	-	-
321	4711	PS	80	M	Retired	Widow	-	-	-	-	-	-	-	-	-	-	-	-	-	28	Hyperpigmented annular scaly plaques	Itching	-	-	-
322	859721	HJ	61	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	48	Erythematous annular scaly plaques	Itching	-	-	-
323	859758	M	65	M	Self employed	Married	Y	-	Y	-	-	-	-	-	-	-	-	-	-	240	Erythematous papules with greasy scaling	Itching	-	-	-
324	859857	GK	65	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
325	860434	GK	68	F	Homemaker	Married	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	48	Erythematous scaly papules	Itching	Sunlight	-	-
326	860473	PK	80	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	4	Erythematous annular scaly plaques	Itching	-	-	-
327	861823	RK	61	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented annular scaly plaques	-	-	-	-
328	862694	KS	61	F	Retired	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	96	Ill-defined erythematous plaques with vesiculation	Itching	-	-	-
329	863806	PK	65	F	Homemaker	Married	-	-	-	-	-	-	-	-	Y	-	Y	-	-	3	Erythematous annular scaly plaques	Itching	-	-	-
330	96656	PD	78	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	-	-	-	-	4	Erythematous annular scaly plaques	Itching	Sweating	-	-
331	865143	BK	65	F	Homemaker	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	36	Distorted contour with peau d'orange appearance	-	-	-	-
332	865513	KS	72	M	Agriculture	Married	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	96	-	Itching	-	-	-
333	866017	SK	69	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	48	-	Itching	-	-	-
334	867452	GK	66	F	Homemaker	Widow	Y	-	-	-	-	-	-	-	-	-	-	-	-	8	-	-	-	-	-
335	867653	RK	66	F	Homemaker	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	20	White lacy pattern with violaceous hue	Burning sensation	Spicy food	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
295	840536	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea corporis	KOH
296	30247	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Candidal balanoposthitis	-
297	89732	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Pemphigus vulgaris	Skin biopsy for HPE and DIF
298	841600	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
299	842108	-	-	-	-	Y	20	-	-	-	-	-	-	-	-	Chronic actinic dermatitis	-
300	843635	-	-	-	-	Y	10	-	-	-	-	-	-	-	-	Steven johnson syndrome	-
301	844815	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Vitiligo vulgaris	-
302	845186	-	-	Y	10	-	-	-	-	-	-	-	-	-	-	Candidal intertrigo	-
303	848173	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
304	848868	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea corporis	-
305	848993	-	-	-	-	Y	15	-	-	Y	16	-	-	Asteatotic eczema	Hyperpigmented scaly plaques	Vasculitis	Skin biopsy for HPE
306	849123	-	-	Y	20	Y	10	-	-	-	-	-	-	-	-	Generalised pruritus	-
307	849269	-	-	-	-	Y	25	-	-	-	-	-	-	-	-	Tinea unguium	-
308	850505	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoea capitis	-
309	850522	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
310	850535	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
311	852757	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
312	852926	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Chronic urticaria	-
313	853218	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
314	854203	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea pedis	KOH
315	85411	-	-	Y	5	Y	5	-	-	-	-	-	-	-	-	Vitiligo vulgaris	-
316	855550	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
317	37567	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Candidal balanitis	-
318	66979	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
319	856476	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Leukoplakia	Skin biopsy for HPE
320	856697	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Lichen simplex chronicus	-
321	4711	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
322	859721	-	-	-	-	Y	20	-	-	Y	20	-	-	Xerosis	Scaling	Tinea cruris et corporis	-
323	859758	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Seborrheic dermatitis	-
324	859857	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea corporis	-
325	860434	-	-	-	-	Y	2	-	-	-	-	-	-	-	-	Polymorphic light eruption	-
326	860473	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
327	861823	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Lichen simplex chronicus	-
328	862694	-	-	-	-	Y	10	-	-	-	-	-	-	-	-	Tinea incognito	KOH
329	863806	-	-	Y	5	Y	10	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Tinea cruris	-
330	96656	-	-	-	-	Y	7	-	-	-	-	-	-	-	-	Tinea corporis	-
331	865143	-	-	Y	1	Y	12	-	-	-	-	-	-	Seborrhoeic keratosis	-	Rhinophyma	-
332	865513	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Generalised pruritus	-
333	866017	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Generalised pruritus	-
334	867452	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Tellogen effluvium	-
335	867653	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oral lichen planus	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
336	868446	SK	70	F	Homemaker	Widow	-	-	-	-	-	-	-	-	Y	-	Y	-	-	96	Erythematous annular scaly plaques	Itching	Sweating	Y	-
337	867380	GS	77	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	Hyperpigmented annular scaly plaques	Itching	-	-	-
338	867991	AS	70	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	16	Hyperpigmented annular scaly plaques	Itching	-	-	-
339	868446	SK	70	F	Homemaker	Widow	-	-	-	-	-	-	-	-	Y	-	-	-	-	96	Hyperpigmented annular scaly plaques	Itching	Sweating	-	-
340	868465	RL	65	M	Self employed	Married	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	1200	Hyperpigmented annular scaly plaques with central atrophy	Itching	-	-	-
341	869220	MB	68	F	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	0.285	Fluid filled grouped vesicles in zosteriform pattern	Pain	-	-	-
342	869459	MS	64	M	Self employed	Married	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	16	-	Itching	-	-	-
343	869474	RS	61	M	Self employed	Married	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	4	Erythematous papules	Itching	-	-	-
344	869475	SS	63	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	16	-	Itching	-	-	-
345	869708	PK	61	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	2	Erythematous papules	Itching	-	-	-
346	63268	HS	64	M	Agriculture	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	240	Hyperpigmentation and scaling	Itching	-	-	-
347	869908	SK	65	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmentation and scaling	Itching	-	-	-
348	869924	MK	75	M	Retired	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	4	Erythema and ulceration	Pain	Spicy food	-	-
349	20472	NS	61	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	12	Maceration	Itching	Sweating	-	-
350	30247	AS	79	M	Agriculture	Widow	-	-	-	-	Y	-	-	-	-	-	-	-	-	16	Hyperpigmentation and maceration	Itching	Sweating	-	-
351	89258	SS	73	M	Retired	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	20	Fluid filled tense vesicles and bullae	Itching	-	-	-
352	870233	JS	72	M	Self employed	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	96	Hyperpigmentation and scaling	Itching	-	-	-
353	870331	SS	63	M	Self employed	Married	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	96	Hyperpigmented scaly plaques	Itching	Sweating	Y	-
354	871065	SR	70	M	Self employed	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	32	Comedones	-	-	-	-
355	871492	MD	65	F	Homemaker	Widow	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	16	Hyperkeratotic papules and nodules	Itching	-	-	-
356	871596	RK	67	M	Retired	Married	-	-	-	-	-	Y	Y	-	-	-	-	-	-	24	Hyperkeratotic yellowish plaques with fissuring	-	-	-	-
357	871598	UR	62	F	Homemaker	Married	Y	-	-	-	-	-	-	-	-	-	-	-	-	192	Erythematous plaques with silvery white scaling	Itching	-	-	-
358	873265	KG	72	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	768	Hyperpigmented annular scaly plaques	Itching	-	-	-
359	87365	SS	61	M	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	4	Erythematous annular scaly plaques	Itching	-	-	-
360	874371	NK	70	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	16	Hyperpigmentation and scaling	Itching	-	-	-
361	26973	IR	76	F	Homemaker	Widow	-	-	-	Y	-	-	-	-	-	-	-	-	-	2	Hyperpigmentation and oedema	-	-	-	-
362	874379	BS	65	M	Self employed	Widow	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	Erythematous annular scaly plaques	Itching	-	-	-
363	874760	JS	74	M	Agriculture	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	3	Erythematous papules	Itching	-	-	-
364	874527	BS	65	M	Agriculture	Married	-	-	-	-	-	-	-	-	-	-	-	-	Y	24	Yellowish discoloration with subungual hyperkeratosis	-	-	-	-
365	875788	AN	77	F	Self employed	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	96	-	Pain	-	-	-
366	876960	GS	72	M	Retired	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	1	Yellowish papules with surrounding erythema	Pain	-	-	-
367	879075	PL	72	F	Homemaker	Widow	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	96	Hyperpigmented scaly plaques	Itching	Sunlight	Y	-
368	879236	ML	65	M	Retired	Married	-	-	Y	-	-	-	-	-	Y	-	Y	-	-	8	Erythematous papules	Itching	-	-	-
369	879698	VK	61	M	Retired	Married	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	4	Hyperpigmented scaly papules	Itching	Sunlight	-	-
370	879945	SD	75	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	16	Fluid filled tense vesicles and bullae	Itching	-	-	-
371	880939	GP	72	M	Retired	Widow	-	-	Y	-	-	-	-	-	Y	-	-	-	-	2	Erythematous papules	Itching	-	-	-
372	884516	SV	61	F	Homemaker	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	0.285	Fluid filled grouped vesicles	-	-	-	-
373	879225	KK	66	M	Retired	Married	-	-	-	-	-	-	-	-	-	-	Y	-	-	24	Erythema and maceration	-	-	-	-
374	889211	KS	65	F	Agriculture	Married	-	-	-	-	-	-	-	Y	-	-	-	-	-	12	Whitish pseudomembrane	-	-	-	-
375	890192	PK	68	M	Retired	Married	-	-	-	-	-	-	-	-	-	Y	-	-	-	12	Erythematous erosions with striae	Itching	-	-	-
376	891452	SD	82	F	Homemaker	Widow	-	-	Y	-	Y	-	-	-	-	-	-	-	-	240	Erythematous annular plaques with silvery white scaling	-	-	-	Y
377	893323	SD	71	M	Self employed	Married	-	-	Y	-	-	-	-	-	Y	-	-	-	-	4	Erythematous annular scaly plaques	Itching	-	-	-
378	893674	JS	66	M	Retired	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	8	Erythematous scaly plaques	Itching	Sunlight	-	-
379	894212	MS	63	M	Self employed	Married	-	-	-	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmented annular scaly plaques	Itching	-	-	-
380	894266	SB	65	F	Homemaker	Widow	Y	-	-	-	-	-	-	-	-	-	-	-	-	28	Greasy scales	Itching	Scratching	Y	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
336	868446	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	-	Tinea cruris	-
337	867380	-	-	Y	8	Y	5	-	-	-	-	-	-	-	-	Discoid eczema	-
338	867991	-	-	-	-	-	-	Y	1	-	-	-	-	Xerosis	Scaling	Discoid eczema	-
339	868446	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris	-
340	868465	-	-	Y	25	Y	20	-	-	-	-	-	-	-	-	Disseminated DLE	Skin biopsy for HPE
341	869220	-	-	Y	7	Y	7	-	-	Y	32	-	-	-	-	Herpes zoster	-
342	869459	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Generalised pruritus	-
343	869474	-	Y	-	-	-	-	-	-	-	-	-	-	Tinea corporis	Erythematous annular scaly plaques	Scabies	-
344	869475	-	Y	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Scabies	-
345	869708	-	Y	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Scabies	-
346	63268	-	-	-	-	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	-	Asteatotic eczema	-
347	869908	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
348	869924	-	-	-	-	Y	3	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Mucositis	-
349	20472	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Candidal intertrigo	-
350	30247	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Candidal intertrigo	-
351	89258	-	-	Y	8	-	-	Y	30	-	-	-	-	Cherry angioma	Cherry red papules	Bullous pemphigoid	Skin biopsy for HPE and DIF
352	870233	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asteatotic eczema	-
353	870331	-	-	-	-	-	-	-	-	-	-	-	-	Lichen planus	Violaceous papules	Tinea cruris et corporis	-
354	871065	-	-	Y	5	Y	7	-	-	-	-	-	-	Xerosis	Scaling	Senile comedones	-
355	871492	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Prurigo nodularis	-
356	871596	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Palmoplantar psoriasis	-
357	871598	-	-	-	-	-	-	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Scalp psoriasis	-
358	873265	-	-	Y	23	-	-	-	-	-	-	-	-	Xerosis	Scaling	Lichen simplex chronicus	-
359	87365	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea corporis	-
360	874371	-	-	-	-	Y	4	-	-	-	-	-	-	-	-	Asteatotic eczema	-
361	26973	-	-	Y	4	Y	2	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Chronic paronychia	-
362	874379	-	-	-	-	Y	0.33	-	-	-	-	-	-	-	-	Tinea corporis	-
363	874760	-	Y	-	-	-	-	Y	8	-	-	-	-	Seborrhoeic keratosis	-	Scabies	-
364	874527	-	-	-	-	-	-	Y	2	-	-	-	-	-	-	Tinea unguium	-
365	875788	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Post herpetic neuralgia	-
366	876960	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Folliculitis	-
367	879075	-	-	-	-	Y	10	-	-	-	-	-	-	-	-	Photocontact dermatitis	-
368	879236	-	Y	-	-	Y	10	-	-	-	-	-	-	-	-	Scabies	-
369	879698	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Polymorphic light eruption	-
370	879945	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
371	880939	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Scabies	-
372	884516	-	-	-	-	Y	15	-	-	-	-	-	-	-	-	Herpes labialis	-
373	879225	-	-	Y	20	-	-	-	-	-	-	-	-	-	-	Candidal balanoposthitis	-
374	889211	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oral candidiasis	-
375	890192	-	-	-	-	Y	20	-	-	-	-	-	-	-	-	Genital lichen planus	-
376	891452	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Psoriasis vulgaris	-
377	893323	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
378	893674	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Photocontact dermatitis	-
379	894212	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Discoid eczema	-
380	894266	-	-	-	-	-	-	-	-	-	-	CKD	1	-	-	Seborrhoea capitis	-

Sno.	MRD No.	Name	Age(yr)	(M/F)	Occupation	Marital status	Site													Duration(w)	Morphology	Signs and symptoms	Aggravating factors	Seasonal variations	
							Scalp	Face and neck	Trunk	UL	LL	Palms	Soles	Oral mucosa	Groin	Genital mucosa	Genitalia	Finger nails	Toe nails					Summer	Winter
381	894217	SK	61	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	8	Scaling	Itching	-	-	-
382	896588	BS	61	M	Agriculture	Married	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	4	Erythematous annular scaly plaques	Itching	-	-	-
383	896643	DS	75	M	Agriculture	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	2	Wheals	Itching	-	-	-
384	896782	TS	67	M	Self employed	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	16	Erythematous annular scaly plaques	Itching	-	-	-
385	896892	SK	65	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	24	Erythematous annular scaly plaques	Itching	Sweating	-	-
386	29526	SR	64	M	Retired	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	24	Hyperpigmentation and scaling	Itching	-	-	-
387	898253	SK	63	F	Retired	Married	-	Y	-	Y	-	-	-	-	-	-	-	-	-	4	Erythematous scaly papules	Itching	Sunlight	-	-
388	900470	BK	63	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	-	-	-	Y	8	Subungual hyperkeratosis	-	-	-	-
389	900602	HK	70	F	Homemaker	Married	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	12	Fluid filled tense vesicles and bullae	Itching	-	-	-
390	901136	SS	64	M	Retired	Married	-	-	-	-	-	-	-	-	Y	-	-	-	-	24	Erythema with glazy appearance	-	-	-	-
391	901633	BK	67	F	Homemaker	Widow	-	Y	-	-	-	-	-	-	-	-	-	-	-	240	Cystic swelling with central punctum	-	-	-	-
392	901942	KS	69	M	Retired	Married	-	-	Y	-	-	-	-	-	Y	-	-	-	-	24	Erythema and scaling	Itching	-	-	-
393	902439	SK	75	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	12	-	Pain and burning sensation	-	-	-
394	905237	AS	63	M	Self employed	Married	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	16	Erythematous annular scaly plaques	Itching	Sweating	-	-
395	905364	SDS	74	M	Retired	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	16	Fluid filled tense vesicles and bullae	Itching	-	-	-
396	905527	GS	65	M	Agriculture	Married	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	12	Erythematous annular scaly plaques	Itching	Sweating	Y	-
397	906767	KL	65	M	Self employed	Married	-	Y	-	-	-	-	-	-	-	-	-	-	-	0.14	Diffuse oedema	-	NSAIDS	-	-
398	907340	NS	62	M	Agriculture	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	96	-	Pain	-	-	-
399	907616	SK	68	F	Homemaker	Married	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	96	Wheals	Itching	-	Y	-
400	912505	G	65	F	Homemaker	Married	-	-	Y	-	Y	-	-	-	-	-	-	-	-	8	Hyperpigmentation and scaling	Itching	-	-	-
401	913945	HK	65	F	Homemaker	Widow	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	144	Wheals	Itching	-	-	-
402	96527	K	64	F	Homemaker	Married	-	-	Y	-	-	-	-	-	-	-	-	-	-	2	Erythematous annular scaly plaques	Itching	-	-	-
403	69203	KM	64	F	Homemaker	Married	-	-	-	-	-	-	-	-	-	Y	-	-	-	144	Erythema and discharge	Pain and itching	-	-	-
404	38987	AS	74	M	Retired	Widow	-	-	-	-	Y	-	-	-	-	-	-	-	-	0.57	Erythematous cystic swelling with pus discharge	Pain	-	-	-
405	70253	BK	64	F	Retired	Married	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	8	Erythematous papules with greasy scaling	Itching	-	-	-
406	37138	YS	61	M	Self employed	Married	-	-	-	-	-	-	-	-	-	Y	Y	-	-	0.428	Fluid filled grouped vesicles	Burning sensation	-	-	-
407	932962	RP	65	M	Retired	Married	-	-	y	-	-	-	-	-	-	-	-	-	-	24	Hyperpigmented plaque with crusting	-	-	-	-

Sno.	MRD No.	Diurnal variation		Past history										Any associated dermatological disorder	Morphology	Diagnosis	Investigation
		Day	Night	Diabetes	Duration(yr)	Hypertension	Duration(yr)	CAD	Duration(yr)	BA	Duration(yr)	Others disease	Duration(yr)				
381	894217	-	-	-	-	-	-	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented paules	Xerosis	-
382	896588	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
383	896643	-	-	-	-	-	-	-	-	-	-	-	-	Xerosis	Scaling	Acute urticaria	-
384	896782	-	-	-	-	-	-	-	-	Y	35	-	-	-	-	Tinea cruris et corporis	-
385	896892	-	-	Y	30	-	-	-	-	-	-	-	-	Seborrhoeic keratosis	-	Tinea cruris et corporis	-
386	29526	-	-	-	-	Y	1.5	-	-	-	-	-	-	-	-	Asteatotic eczema	-
387	898253	-	-	-	-	-	-	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Polymorphic light eruption	-
388	900470	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	-
389	900602	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
390	901136	-	-	Y	1	Y	1	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Candidal balanoposthitis	-
391	901633	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Sebaceous cyst	-
392	901942	-	-	-	-	-	-	-	-	-	-	-	-	Tinea unguium	Yellowish discoloration and subungual hyperkeratosis	Tinea incognito	KOH
393	902439	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Post herpetic neuralgia	-
394	905237	-	-	Y	11	Y	11	-	-	-	-	-	-	-	-	Tinea cruris et corporis	-
395	905364	-	-	Y	5	Y	5	-	-	-	-	-	-	-	-	Bullous pemphigoid	Skin biopsy for HPE and DIF
396	905527	-	-	Y	15	-	-	-	-	-	-	-	-	Candidal intertrigo	Hyperpigmentation and maceration	Tinea cruris et corporis	-
397	906767	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Angioedema	-
398	907340	-	-	Y	12	-	-	-	-	-	-	-	-	Xerosis	Scaling	Post herpetic neuralgia	-
399	907616	-	-	Y	10	-	-	-	-	-	-	-	-	-	-	Chronic urticaria	-
400	912505	-	-	-	-	Y	15	-	-	-	-	-	-	Dermatosis papulosa nigra	Hyperpigmented papules	Asteatotic eczema	-
401	913945	-	-	-	-	Y	2	-	-	-	-	-	-	Cherry angioma	Cherry red papules	Chronic urticaria	-
402	96527	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Tinea corporis	-
403	69203	-	-	-	-	Y	2	-	-	-	-	-	-	Xerosis	Scaling	Xanthelasma palpebrarum	-
404	38987	-	-	-	-	Y	0.083	-	-	-	-	-	-	-	-	Furuncle	-
405	70253	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Seborrheic dermatitis	-
406	37138	-	-	-	-	Y	10	-	-	-	-	-	-	-	-	Herpes genitalis	-
407	932962	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bowen’s disease	Skin biopsy for HPE

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The Principal,
DMC, Ludhiana.

Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 29.05.2019 has approved the plan of thesis of **Manisha**, a student of your college for **MD Dermatology, Venerology & Leprosy** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis

One year study on the pattern of geriatric dermatoses

Supervisor
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Prof. & Head,
Dept. of D.V.L.,
DMCH, Ludhiana.

Co-Supervisor
Dr. Sukhjot Kaur
Assoc. Prof.,
Dept. of D.V.L.,
DMCH, Ludhiana

The student has to submit the four copies of thesis (along with PDF format) , to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She must directed to attach a photocopy of this letter with the forwarding letter while submitting thesis to the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic,(if any).

Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

1. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*
2. *The student may submit the thesis as per the schedule already conveyed i.e for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED

IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

Doctor of Medicine

in

DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES

FARIDKOT

August, 2018

Dr. Manisha

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROLOGY
DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA
LUDHIANA, PUNJAB-141001

ABSTRACT OF PLAN OF THESIS

Title	ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES
For the degree of	M.D. Dermatology, Venereology & Leprology
Name of the candidate	Dr. Manisha
Supervisor	Dr. Sunil Gupta, Prof. and Head, Department of Dermatology, DMCH, Ludhiana
Co-supervisor	Dr. Sukhjot Kaur, Associate Professor, Department of Dermatology, DMCH, Ludhiana
Institution	Dayanand Medical College and Hospital, Ludhiana
University	Baba Farid University of Health Sciences, Faridkot

Introduction: Disease of the aged are becoming increasingly important, as there has been gradual increase in the life expectancy in last few decades. Our study will give an insight into different types of dermatological problems of the aged and its pattern.

Aim of study: To study the pattern of geriatric dermatoses for one year.

Materials and Methods: This is an observational study which will be conducted on geriatric patients for a period of 1 year at Dayanand Medical College and Hospital, Ludhiana. The study will include both admitted patients and patients attending dermatology OPD.

Clinical significance: By knowing the pattern, we can detect, councel, treat, and protect them at earliest, helping them to grow old gracefully.

Keywords: Geriatric dermatoses.

(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Supervisor	Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled "**ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES**" exist in the Department of Dermatology, Venereology & Leprosy at Dayanand Medical College and Hospital, LUDHIANA and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate herself under our supervision and guidance.

Supervisor

Dr. Sunil Gupta
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Place : LUDHIANA

Date : 16/11/18

APPROVAL PROFORMA
BY
RESEARCH & ETHICAL COMMITTEE
DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA

Name of candidate	Dr. Manisha
Department	DERMATOLOGY, VENEREOLOGY AND LEPROLOGY
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Likely date of appearing in PG examination	MAY-JUNE 2021
Date of enrollment	MAY 9, 2018
Name of Head of Department	DR.SUNIL GUPTA
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Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
1. HOD Pharmacology	1. HOD Physiology
2. HOD Surgery	2. HOD Pathology
3. HOD Pathology	3. HOD Pharmacology
4. HOD Medicine	4. HOD SPM
5. Dean Academics	5. HOD Medicine
6. Vice Principal	6. HOD Surgery
	7. HOD Obst. & Gynae
	8. Legal Expert
	9. Secretary, IEC
	10. Dean Academics
	11. Vice Principal
	12. Principal

Approved: Yes / No

Chairperson
Research Committee

Chairperson
Research Committee

Approved: Yes / No

Chairperson
Ethics Committee

Chairperson
Ethics Committee

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION

1	NAME OF THE CANDIDATE AND ADDRESS	DR MANISHA HNO.385, STREET NO.3, BHARAT NAGAR .PATHANKOT-145001
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3	COURSE OF STUDY AND SUBJECT	MD DERMATOLOGY, VENEREOLOGY AND LEPROLOGY
4	DATE OF ADMISSION OF COURSE	9th MAY 2018
5	TITLE OF THE TOPIC	ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Ageing is a natural process. In the words of Seneca; "Old age is an incurable disease". But more recently, Sir Sterling Ross says "You do not heal old age. You protect it; you promote it; you extend it".[1] Diseases of the aged are becoming increasingly important, as there has been gradual increase in the life expectancy in the last few decades. This has led to greater interest in the diseases of the aged. There have been several studies on the incidence of geriatric dermatoses; however there are no reports in Indian literature. Our study will give an insight into different types of dermatological problems of the aged and its pattern.

Government of India adopted "National Policy on Older Persons" in January, 1999. The policy defines "senior citizen" or "elderly" as a person who is of 60 years of age or above.[2] The elderly population has increased tremendously in the past few decades all over the world. Ageing is a continuous and irreversible process also affect skin like other organs. In geriatric patients, chronic diseases such as hypertension (HT), Diabetes Mellitus (DM), thyroid disorders etc., are commonly seen, at the same time geriatric skin is more prone to skin diseases. A progressive degenerative change, which is intrinsic to ageing skin and with susceptibility to many cutaneous and systemic diseases, significantly impairs the quality of life in geriatric population. The diagnosis of certain dermatoses in the geriatric population poses a great challenge to providers. History taking can be difficult. The clinical manifestation of skin disorders may differ and may not present as classically as they do in younger population. Dermatoses of aged population vary from

country to country. A seasonal variation is also noted. By knowing the association we can detect, counsel, treat, and protect them at earliest, helping them to grow old gracefully.

6.2 REVIEW OF LITERATURE

Skin changes in the ageing skin are of 2 types- chronological skin ageing and photoaging. The wrinkling of the skin in old age is due to changes in the dermis. Senile purpura is due to lack of support of vasculature by collagen tissue and reduced perivascular veil cells.

Common geriatric dermatoses

Xerosis- The prevalence of xerosis varies widely, and ranges from 29.5% to 58.3% in different long term care facilities.[3] Scratching of the skin breaks its continuity, leading to infection and dermatitis. The chief complaint of xerosis is pruritus. Anterior shins, dorsi of hands, and forearms are the most commonly affected site.[4,5]

Asteatotic dermatitis- Asteatotic dermatitis (eczema craquele) is an eczematous eruption characterized by dry, cracked, and fissured patches on the limbs. It is common in winter. Extensive or generalized eczema craquele should be investigated for internal malignancy, such as malignant lymphoma.[6]

Pruritus- Pruritus or itch is most commonly caused by xerosis. Systemic disorders have been implicated in 10–50% of cases.

Stasis dermatitis- Stasis dermatitis (hypostatic eczema) occurs on the lower legs because of underlying insufficient venous drainage. The dermatitis may be weepy or dry, scaly or lichenified. Secondary bacterial infection may lead to cellulitis and lymphangitis.[7,8]

Cellulitis is an infection of the subcutaneous fat, which is the infection of dermis and upper subcutaneous tissue due to *streptococcus pyogenes or staphylococcus aureus.*

Viral infections, particularly herpes zoster, occur frequently in old age secondary to impaired immune function. The incidence of herpes zoster has been estimated to be 1,000,000 cases annually, with higher numbers in adults older than 60 years.[9] Herpes simplex virus (HSV) occurs as two types causing infections on the skin: type I and type II. In severe immunodeficiency, dissemination of lesions occurs. Kaposi's varicelliform eruptions are characterized by depressed immune response leading to dissemination of atopic eczema upon exposure to HSV.[10] Some patients with Alzheimer's dementia with genotype APOE epsilon 4 allele may contain HSV-I virus.[11] Molluscum contagiosum (MC), a pox virus infection, may occur in the elderly population, particularly in immunodeficiency states.

Among the fungal infections, onychomycosis, tinea pedis, tinea cruris, and candidiasis occur commonly in the aged population. Onychomycosis or fungal infection of nails, caused by dermatophytes, beginning at the free edge of the nail or at the lateral nail fold and subungual hyperkeratosis. Candidiasis is commonly seen in intertriginous areas where skin is warm and moist, such as submammary folds, inguinal, anogenital, and perioral areas.[12]

Tinea pedis, fungal infection of the feet, is seen commonly in interdigital webs but may occur on the sole of the foot. Tinea cruris is the fungal infection of the groin area in elderly population.

Infestations- Scabies and pediculosis are particularly seen in nursing homes. A questionnaire study Ontario, Canada, found that 20% of 130 institutions had problems with scabies during a one year period. Scabies is caused by the mite Sarcoptes scabiei, caused by close and prolonged contact from person to person or through fomites. Predominantly present over the axillae and

around the areola, wrists, finger webs, periumbilical area, genitals, buttocks, and the thigh. Norwegian scabies may be seen in the elderly who are unable to scratch due to some neurological disorder with skin anesthesia or those who are unable to scratch due to physical limitations.[13]

Pediculosis is a lice infestation, which is subdivided into pediculosis capitis (head lice) or phthirus pubis (pubic lice). It commonly presents with pruritic papular eruption, transmitted through direct physical contact or with infested fomites.

Eczematous lesions- Characterised by macules, papules, or vesicles with oozing and crusting on the surface. It occurs on the extremities mainly but may occur at any site. Seborrheic dermatitis is another type of eczematous eruption, believed to be caused by Malassezia yeasts. The prevelance of seborrheic dermatitis has been estimated to be about 31%in the elderly population.[14] Contact dermatitis is a fairly common type of eczema,with an estimated 11% of the elderly population to be suffering from it.[15]

Psychodermatological disorders- Psychodermatological disorders are characterized by skin disorders with psychological impact and psychiatric disorders with skin manifestations.[16,17] Psychocutaneous disorders of older age are mainly self-induced disorder. Common psychodermatological disorders seen in the older population include lichen simplex chronicus, neurotic excoriations, prurigo nodularis (PN), and delusion of parasitosis.

Lichen simplex chronicus presents with lichenified red scaly plaque. Patients habitually rub and scratch with the dominated hand. This is repeated until lichenification occurs. Elderly patients with lichen simplex chronicus should be evaluated for the possibility of underlying neuropathic changes.[18] Prurigo

nodularis usually presents with erythematous or hyperpigmented, scattered, and discrete keratotic nodules on the extremities, secondary to habitual scratching .

Drug eruptions - The most common eruptions seen in the elderly population are exanthematic eruptions;[19] they take the form of maculopapular, morbilliform, or erythematous lesions. The other presentations could be vasculitis, fixed drug eruptions, erythema multiforme, urticaria, contact dermatitis, purpura, and photodermatitis.[20]

Erythema multiforme is another drug-induced lesion due to hypersensitivity reaction characterized by target-like lesions on the extremities and trunk accompanied by systemic symptoms.

Neoplasms- Both benign and malignant neoplasms have been noticed in the elderly population with increased frequency.

Seborrheic keratosis- It is the most common benign lesion. Commonly affecting trunk, face, and proximal extremities. The sudden appearance of multiple seborrheic keratoses – Leser– Trelat signs – is indicative of an internal malignancy, usually of an adenocarcinoma of the stomach.[21] Skin tags and Cherry angiomas are also common in elderly population.

Basal cell carcinoma is the most common but least malignant skin tumor, recognized by the pearly papules, rolled edges, and telangiectasia. Squamous cell carcinomas present as irregular growths with an indurated base.

Photodermatoses occur due to prolonged exposure to solar light. It include actinic dermatitis, actinic keratosis, actinic elastosis and actinic cheilitis.

Bullous pemphigoid is a chronic autoimmune disease characterized by bullous eruption on normal skin or on an urticarial base with tense bullae. Mucous membrane pemphigoid is characterized by conjunctiva and blisters in the mouth, conjunctivae and nose. It is also commonly seen in the elderly population.

Pemphigus vulgaris and paraneoplastic pemphigus eruption are also frequently seen in the elderly population.

6.3 AIMS AND OBJECTIVES OF THE STUDY

1. To study the pattern of skin diseases in geriatric population for one year.

7. MATERIALS AND METHODS

7.1 Source of Data

It is an observational study which will be conducted on geriatric patients in Department of Dermatology, Venerology and Leprosy at Dayanand Medical College and Hospital, Ludhiana for one year. The study will include both admitted patients and patients attending dermatology OPD.

7.2 METHOD OF COLLECTION OF DATA

INCLUSION CRITERIA:

- Patient attending OPD and admitted in dermatology department greater than 60 years of age.

EXCLUSION CRITERIA:

- Patients not willing to participate

Informed and written consent will be taken from the patient and clinical data will be recorded as per the performa. A detailed history will be taken with particular reference to the duration. Photographs will be taken in consenting patients.

METHOD:

Both admitted patients and patients attending dermatology OPD of geriatric population will be included.

The following data will be collected:

1. Patient's details including name, age, sex, CR No., history (past, personal, family, treatment)

2. Local examination findings

4. Provisional clinical diagnosis

5. Final diagnosis (made by any of consultant)

Outcome

According to the observations made during the study period, the pattern of dermatoses in geriatric population will be inferred.

Statistical Analysis

Data will be described in terms of range; mean ± standard deviation (± SD), median, frequencies (number of cases) and relative frequencies (percentages) as appropriate. All statistical calculations will be done using SPSS (Statistical Package for the Social Science) SPSS 21 version statistical program for Microsoft Windows.

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEFLY.

1. Routine and relevant blood investigations will be done where necessary
2. Special investigations including Tzanck smear, wet mount preparations from scraping and microscopy, nail clippings and skin scrapings for 10% KOH, fungal culture, skin biopsy for histopathology, pus for culture and sensitivity where ever required will be done.

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

Attached herewith

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PROFORMA

Sr. No_____ Date:_____

CR No./MRD No. _____

Name_____ Age/Sex _____

Father/husband's name:

Occupation:

Maritial Status:

Address:

Contact No:

Chief complaints:

Clinical presentation:

Duration of disease:

Site of lesion:

Morphology of lesion:

Signs and symptoms:

Aggravating Factors:

Seasonal Variation:

Signature of Candidate **Signature of Supervisor**

Any other variation:

Socio-economic status:

Nutritional status:

History:

Past history:

Personal history:

Family history:

Treatment history:

Any associated dermatological disorder:

Provisional Diagnosis:

Final Diagnosis (made by any of consultant):

Examination:

General Physical Examination:

Systemic Examination:

Investigations if required:

Signature of Candidate **Signature of Supervisor**

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o, S/o.....

.....am willing to participate in the study **"ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

.....
Signature of the Witness
Name:

.....
Signature of the patient

Signature of Supervisor

Signature of Candidate

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____ निवासी _____ इस शोधकार्य **"ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____
गवाह के हस्ताक्षर
नाम:

_____
रोगी के हस्ताक्षर/अंगूठे का निशान
नाम:

_____
अन्वेषक के हस्ताक्षर

_____
विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫ਼ਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____ **"ONE YEAR STUDY ON THE PATTERN OF GERIATRIC DERMATOSES"** ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ।

ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

_____
ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____

ਪਤਾ _____

_____
ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____

ਪਤਾ _____

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ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

_____
ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ